



Florida Agency for Health Care Administration  
 State of Florida Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

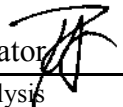
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

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: 09/27/2013  
 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	\$144.40	\$146.03	10/01/2013
#652 Continuous Home Care	35.08	35.48	10/01/2013
#655 Inpatient Respite Care	\$159.15	\$161.15	10/01/2013
#656 General Inpatient Care	\$644.31	\$651.84	10/01/2013
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

For information Only ( No Change in rate)



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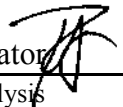
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

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

Provider Number: 000532400  
 Date: 09/27/2013  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$147.06	\$148.21	10/01/2013
#652 Continuous Home Care	35.73	36.01	10/01/2013
#655 Inpatient Respite Care	\$161.43	\$163.02	10/01/2013
#656 General Inpatient Care	\$655.33	\$660.86	10/01/2013
#658 Room and Board			

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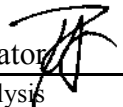
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

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

Provider Number: 000602600  
 Date: 09/27/2013  
 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	\$146.13	\$145.53	10/01/2013
#652 Continuous Home Care	35.50	35.36	10/01/2013
#655 Inpatient Respite Care	\$160.63	\$160.73	10/01/2013
#656 General Inpatient Care	\$651.48	\$649.80	10/01/2013
#658 Room and Board			

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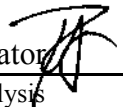
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Odyssey Health Care Miami-Dade  
 6161 Blue Lagoon Dr Suite 170  
 Miami, FL 33126

Provider Number: 001572800  
 Date: 09/27/2013  
 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	\$157.44	\$159.66	10/01/2013
#652 Continuous Home Care	38.25	38.79	10/01/2013
#655 Inpatient Respite Care	\$170.32	\$172.84	10/01/2013
#656 General Inpatient Care	\$698.28	\$708.28	10/01/2013
#658 Room and Board			

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

Regency Hospice of NW Florida, Inc.

Provider Number: 001636100

Date: 09/27/2013

4900 Bayou Blvd., Ste 101

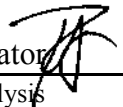
Fiscal Year End: N/A

Pensacola, FL 32503

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$134.97	\$134.79	10/01/2013
#652 Continuous Home Care	32.79	32.75	10/01/2013
#655 Inpatient Respite Care	\$151.07	\$151.52	10/01/2013
#656 General Inpatient Care	\$605.30	\$605.32	10/01/2013
#658 Room and Board			

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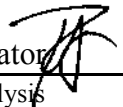
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Seasons Hospice and Palliative Care of Southern FL  
  
 5200 Northeast 2nd Avenue  
 Miami, FL 32405

Provider Number: 002782200  
 Date: 09/27/2013  
 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	\$157.44	\$159.66	10/01/2013
#652 Continuous Home Care	38.25	38.79	10/01/2013
#655 Inpatient Respite Care	\$170.32	\$172.84	10/01/2013
#656 General Inpatient Care	\$698.28	\$708.28	10/01/2013
#658 Room and Board			

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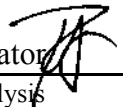
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Brevard HMA, LLC  
 Wuesthoff Brevard Hospice & Palliative Care  
 8060 Spyglass Rd.  
 Viera, FL 32940

Provider Number: 003694700  
 Date: 09/27/2013  
 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	\$146.13	\$145.53	10/01/2013
#652 Continuous Home Care	35.50	35.36	10/01/2013
#655 Inpatient Respite Care	\$160.63	\$160.73	10/01/2013
#656 General Inpatient Care	\$651.48	\$649.80	10/01/2013
#658 Room and Board			

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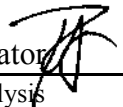
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

HCR Manor Care of Florida III, Inc.  
 Heartland Hospice Services - Plantation  
 150 S. Pine Island Road, Suite 200  
 Plantation, FL 33324

Provider Number: 003815300  
 Date: 09/27/2013  
 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	\$158.25	\$162.21	10/01/2013
#652 Continuous Home Care	38.45	39.41	10/01/2013
#655 Inpatient Respite Care	\$171.01	\$175.02	10/01/2013
#656 General Inpatient Care	\$701.64	\$718.81	10/01/2013
#658 Room and Board			

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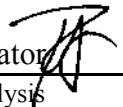
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

HCR Manor Care Services of FL II, Inc.  
 Heartland Hospice Services (Homestead)  
 381 N. Krome Ave, Suite 207  
 Homestead, FL 33030

Provider Number: 004244800  
 Date: 09/27/2013  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$157.44	\$159.66	10/01/2013
#652 Continuous Home Care	38.25	38.79	10/01/2013
#655 Inpatient Respite Care	\$170.32	\$172.84	10/01/2013
#656 General Inpatient Care	\$698.28	\$708.28	10/01/2013
#658 Room and Board			

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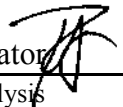
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Compassionate Care Hospice of Miami Dade, Inc.  
 Compassionate Care Hospice  
 2393 EF Griffin Road  
 Bartow , FL 33830

Provider Number: 004579400  
 Date: 09/27/2013  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	<b>\$139.51</b>	<b>\$139.24</b>	<b>10/01/2013</b>
#652 Continuous Home Care	<b>33.90</b>	<b>33.83</b>	<b>10/01/2013</b>
#655 Inpatient Respite Care	<b>\$154.96</b>	<b>\$155.34</b>	<b>10/01/2013</b>
#656 General Inpatient Care	<b>\$624.09</b>	<b>\$623.76</b>	<b>10/01/2013</b>
#658 Room and Board			

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

Hospice of I.R.C.

Provider Number: 087000500

1110 35th St

Date: 09/27/2013

Vero Beach, FL 32960

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	\$146.03	\$145.66	10/01/2013
#652 Continuous Home Care	35.48	35.39	10/01/2013
#655 Inpatient Respite Care	\$160.54	\$160.84	10/01/2013
#656 General Inpatient Care	\$651.04	\$650.33	10/01/2013
#658 Room and Board			

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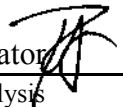
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Vitas Healthcare Corporation - Dade County  
 Attn: Angela Santana  
 100 S. Biscayne Blvd Suite 1400  
 Miami, FL 33131

Provider Number: 087246600  
 Date: 09/27/2013  
 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	\$157.44	\$159.66	10/01/2013
#652 Continuous Home Care	38.25	38.79	10/01/2013
#655 Inpatient Respite Care	\$170.32	\$172.84	10/01/2013
#656 General Inpatient Care	\$698.28	\$708.28	10/01/2013
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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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 Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

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

St. Francis Hospice

Provider Number: 087255500

1250-B Grumman Place

Date: 09/27/2013

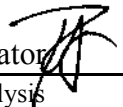
Titusville, FL 32780

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$146.13	\$145.53	10/01/2013
#652 Continuous Home Care	35.50	35.36	10/01/2013
#655 Inpatient Respite Care	\$160.63	\$160.73	10/01/2013
#656 General Inpatient Care	\$651.48	\$649.80	10/01/2013
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator   
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 Tallahassee, Florida 32308

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

Hospice of the Comforter

Provider Number: 087256300

Date: 09/27/2013

480 West Central Pkwy

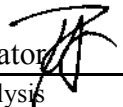
Fiscal Year End: N/A

Altamonte Springs, FL 32714

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$147.06	\$148.21	10/01/2013
#652 Continuous Home Care	35.73	36.01	10/01/2013
#655 Inpatient Respite Care	\$161.43	\$163.02	10/01/2013
#656 General Inpatient Care	\$655.33	\$660.86	10/01/2013
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator   
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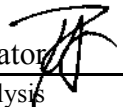
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Hospice of Northeast  
  
 4266 Sunbeam Road  
 Jacksonville, FL 32257

Provider Number: 087407800  
 Date: 09/27/2013  
 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	<b>\$144.40</b>	<b>\$146.03</b>	<b>10/01/2013</b>
#652 Continuous Home Care	<b>35.08</b>	<b>35.48</b>	<b>10/01/2013</b>
#655 Inpatient Respite Care	<b>\$159.15</b>	<b>\$161.15</b>	<b>10/01/2013</b>
#656 General Inpatient Care	<b>\$644.31</b>	<b>\$651.84</b>	<b>10/01/2013</b>
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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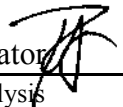
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Martin & St. Lucie  
  
 1201 SE Indian Street  
 Stuart, FL 34997

Provider Number: 087514700  
 Date: 09/27/2013  
 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	\$154.18	\$153.62	10/01/2013
#652 Continuous Home Care	37.46	37.32	10/01/2013
#655 Inpatient Respite Care	\$167.52	\$167.66	10/01/2013
#656 General Inpatient Care	\$684.77	\$683.26	10/01/2013
#658 Room and Board			

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

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 Tallahassee, Florida 32308

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

Hernando-Pasco Hospice, Inc.

Provider Number: 087515500

Date: 09/27/2013

12107 Majestic Blvd.

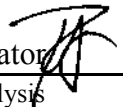
Fiscal Year End: N/A

Hudson, FL 34667

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$146.46	\$147.66	10/01/2013
#652 Continuous Home Care	35.58	35.87	10/01/2013
#655 Inpatient Respite Care	\$160.91	\$162.55	10/01/2013
#656 General Inpatient Care	\$652.84	\$658.60	10/01/2013
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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 Tallahassee, Florida 32308

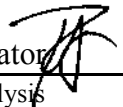
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

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

Provider Number: 087516300  
 Date: 09/27/2013  
 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	\$154.60	\$154.53	10/01/2013
#652 Continuous Home Care	37.56	37.54	10/01/2013
#655 Inpatient Respite Care	\$167.88	\$168.44	10/01/2013
#656 General Inpatient Care	\$686.52	\$687.04	10/01/2013
#658 Room and Board			

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

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 Tallahassee, Florida 32308

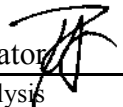
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

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

Provider Number: 087517100  
 Date: 09/27/2013  
 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	\$134.97	\$134.79	10/01/2013
#652 Continuous Home Care	32.79	32.75	10/01/2013
#655 Inpatient Respite Care	\$151.07	\$151.52	10/01/2013
#656 General Inpatient Care	\$605.30	\$605.32	10/01/2013
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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 Tallahassee, Florida 32308

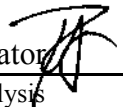
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

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

Provider Number: 087519800  
 Date: 09/27/2013  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$149.74	\$154.21	10/01/2013
#652 Continuous Home Care	36.38	37.47	10/01/2013
#655 Inpatient Respite Care	\$163.72	\$168.16	10/01/2013
#656 General Inpatient Care	\$666.42	\$685.70	10/01/2013
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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 Tallahassee, Florida 32308

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

Hospice of Marion County

Provider Number: 087520100

Date: 09/27/2013

PO Box 4860

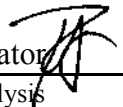
Fiscal Year End: N/A

Ocala, FL 34478

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	<b>\$139.70</b>	<b>\$141.35</b>	<b>10/01/2013</b>
#652 Continuous Home Care	<b>33.94</b>	<b>34.34</b>	<b>10/01/2013</b>
#655 Inpatient Respite Care	<b>\$155.12</b>	<b>\$157.14</b>	<b>10/01/2013</b>
#656 General Inpatient Care	<b>\$624.87</b>	<b>\$632.47</b>	<b>10/01/2013</b>
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator   
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Health First

Provider Number: 087522800

1900 Dairy Road

Date: 09/27/2013

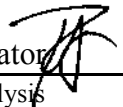
West Melbourne, FL 32904

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$146.13	\$145.53	10/01/2013
#652 Continuous Home Care	35.50	35.36	10/01/2013
#655 Inpatient Respite Care	\$160.63	\$160.73	10/01/2013
#656 General Inpatient Care	\$651.48	\$649.80	10/01/2013
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

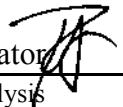
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Volusia  
 3800 Woodbriar Trail  
 Port Orange , FL 32129

Provider Number: 087523600  
 Date: 09/27/2013  
 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	\$144.21	\$144.20	10/01/2013
#652 Continuous Home Care	35.04	35.03	10/01/2013
#655 Inpatient Respite Care	\$158.98	\$159.59	10/01/2013
#656 General Inpatient Care	\$643.53	\$644.29	10/01/2013
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator   
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 Tallahassee, Florida 32308

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

Big Bend Hospice

Provider Number: 087524400

1723 Mahan Center Blvd.

Date: 09/27/2013

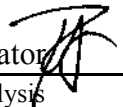
Tallahassee, FL 32308

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$141.27	\$142.07	10/01/2013
#652 Continuous Home Care	34.32	34.52	10/01/2013
#655 Inpatient Respite Care	\$156.46	\$157.76	10/01/2013
#656 General Inpatient Care	\$631.34	\$635.45	10/01/2013
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

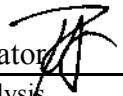
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of the Florida Keys, Inc.  
  
 1319 William Street  
 Key West, FL 33040

Provider Number: 087525200  
 Date: 09/27/2013  
 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	\$138.74	\$137.05	10/01/2013
#652 Continuous Home Care	33.71	33.30	10/01/2013
#655 Inpatient Respite Care	\$154.30	\$153.46	10/01/2013
#656 General Inpatient Care	\$620.90	\$614.70	10/01/2013
#658 Room and Board			

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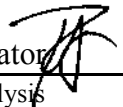
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

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

Provider Number: 087526100  
 Date: 09/27/2013  
 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	\$147.06	\$148.21	10/01/2013
#652 Continuous Home Care	35.73	36.01	10/01/2013
#655 Inpatient Respite Care	\$161.43	\$163.02	10/01/2013
#656 General Inpatient Care	\$655.33	\$660.86	10/01/2013
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator   
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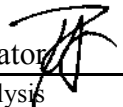
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Tidewell Hospice & Palliative Care  
 5955 Rand Ave  
 Sarasota, FL 34238

Provider Number: 087527900  
 Date: 09/27/2013  
 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	<b>\$150.40</b>	<b>\$151.41</b>	<b>10/01/2013</b>
#652 Continuous Home Care	<b>36.54</b>	<b>36.79</b>	<b>10/01/2013</b>
#655 Inpatient Respite Care	<b>\$164.28</b>	<b>\$165.76</b>	<b>10/01/2013</b>
#656 General Inpatient Care	<b>\$669.13</b>	<b>\$674.11</b>	<b>10/01/2013</b>
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

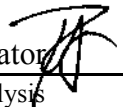
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of the Treasure Coast  
  
 1201 SE Indian St  
 Stuart, FL 34997

Provider Number: 087528700  
 Date: 09/27/2013  
 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	\$154.18	\$153.62	10/01/2013
#652 Continuous Home Care	37.46	37.32	10/01/2013
#655 Inpatient Respite Care	\$167.52	\$167.66	10/01/2013
#656 General Inpatient Care	\$684.77	\$683.26	10/01/2013
#658 Room and Board			

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

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

Hospice by the Sea

Provider Number: 087529500

1531 W. Palmetto Park Road  
 Boca Raton, FL 33486

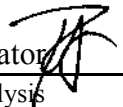
Date: 09/27/2013

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$154.60	\$154.53	10/01/2013
#652 Continuous Home Care	37.56	37.54	10/01/2013
#655 Inpatient Respite Care	\$167.88	\$168.44	10/01/2013
#656 General Inpatient Care	\$686.52	\$687.04	10/01/2013
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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 Tallahassee, Florida 32308

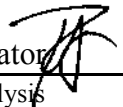
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of the Florida Suncoast  
  
 5771 Roosevelt Blvd  
 Clearwater, FL 33760

Provider Number: 087532500  
 Date: 09/27/2013  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$146.46	\$147.66	10/01/2013
#652 Continuous Home Care	35.58	35.87	10/01/2013
#655 Inpatient Respite Care	\$160.91	\$162.55	10/01/2013
#656 General Inpatient Care	\$652.84	\$658.60	10/01/2013
#658 Room and Board			

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

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 Tallahassee, Florida 32308

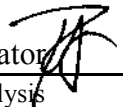
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hope Hospice & Palliative Care  
 9470 Health Park Circle  
 Ft. Myers, FL 33908

Provider Number: 087535000  
 Date: 09/27/2013  
 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	\$149.37	\$148.98	10/01/2013
#652 Continuous Home Care	36.29	36.20	10/01/2013
#655 Inpatient Respite Care	\$163.41	\$163.68	10/01/2013
#656 General Inpatient Care	\$664.89	\$664.06	10/01/2013
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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 Tallahassee, Florida 32308

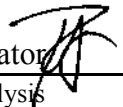
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Citrus County  
 4005 N. Lacanto Hwy  
 Beverly Hills, FL 34465

Provider Number: 087536800  
 Date: 09/27/2013  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$138.74	\$137.05	10/01/2013
#652 Continuous Home Care	33.71	33.30	10/01/2013
#655 Inpatient Respite Care	\$154.30	\$153.46	10/01/2013
#656 General Inpatient Care	\$620.90	\$614.70	10/01/2013
#658 Room and Board			

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

Avow Hospice

Provider Number: 087537600

1095 Whippoorwill Lane  
 Naples, FL 34105

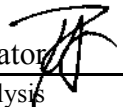
Date: 09/27/2013

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$153.70	\$150.20	10/01/2013
#652 Continuous Home Care	37.34	36.49	10/01/2013
#655 Inpatient Respite Care	\$167.12	\$164.73	10/01/2013
#656 General Inpatient Care	\$682.81	\$669.13	10/01/2013
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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 Tallahassee, Florida 32308

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

Hospice of Okeechobee

Provider Number: 087538400

411 SE 4th Street

Date: 09/27/2013

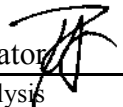
Okeechobee, FL 34974

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	<b>\$138.74</b>	<b>\$137.05</b>	<b>10/01/2013</b>
#652 Continuous Home Care	<b>33.71</b>	<b>33.30</b>	<b>10/01/2013</b>
#655 Inpatient Respite Care	<b>\$154.30</b>	<b>\$153.46</b>	<b>10/01/2013</b>
#656 General Inpatient Care	<b>\$620.90</b>	<b>\$614.70</b>	<b>10/01/2013</b>
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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 Tallahassee, Florida 32308

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

Catholic Hospice

Provider Number: 087569400

Date: 09/27/2013

14875 NW 77th Ave

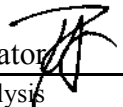
Fiscal Year End: N/A

Miami Lakes, FL 33014

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	\$157.44	\$159.66	10/01/2013
#652 Continuous Home Care	38.25	38.79	10/01/2013
#655 Inpatient Respite Care	\$170.32	\$172.84	10/01/2013
#656 General Inpatient Care	\$698.28	\$708.28	10/01/2013
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Gulfside Regional Hospice

Provider Number: 087570800

6111 Trouble Creek Rd

Date: 09/27/2013

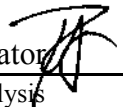
New Port Richey, FL 35653

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$146.46	\$147.66	10/01/2013
#652 Continuous Home Care	35.58	35.87	10/01/2013
#655 Inpatient Respite Care	\$160.91	\$162.55	10/01/2013
#656 General Inpatient Care	\$652.84	\$658.60	10/01/2013
#658 Room and Board			

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

Hospice of Gold Coast

Provider Number: 150000700

2101 W. Commercial Blvd Suite 4500  
 Ft Lauderdale, FL 33309

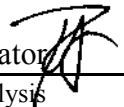
Date: 09/27/2013

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	\$158.25	\$162.21	10/01/2013
#652 Continuous Home Care	38.45	39.41	10/01/2013
#655 Inpatient Respite Care	\$171.01	\$175.02	10/01/2013
#656 General Inpatient Care	\$701.64	\$718.81	10/01/2013
#658 Room and Board			

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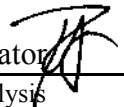
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice Care of South Fl.  
 7270 N.W. 12th St., PH#6  
 Miami, FL 33126

Provider Number: 150001500  
 Date: 09/27/2013  
 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	\$157.44	\$159.66	10/01/2013
#652 Continuous Home Care	38.25	38.79	10/01/2013
#655 Inpatient Respite Care	\$170.32	\$172.84	10/01/2013
#656 General Inpatient Care	\$698.28	\$708.28	10/01/2013
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>    <input type="checkbox"/> Total Prospective</p> <p>    <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>    <input type="checkbox"/> Total Interim</p> <p>    <input type="checkbox"/> Settlement based on costs</p>
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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  
 Ormond Beach, FL 32174

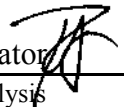
Date: 09/27/2013

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	\$144.21	\$144.20	10/01/2013
#652 Continuous Home Care	35.04	35.03	10/01/2013
#655 Inpatient Respite Care	\$158.98	\$159.59	10/01/2013
#656 General Inpatient Care	\$643.53	\$644.29	10/01/2013
#658 Room and Board			

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

Hospice of Emerald Coast

Provider Number: 150009100

2925 Martin Luther King Jr Blvd  
 Panama City, FL 32405

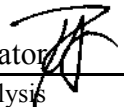
Date: 09/27/2013

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	\$139.04	\$136.11	10/01/2013
#652 Continuous Home Care	33.78	33.07	10/01/2013
#655 Inpatient Respite Care	\$154.55	\$152.66	10/01/2013
#656 General Inpatient Care	\$622.12	\$610.79	10/01/2013
#658 Room and Board			

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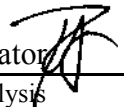
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

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

Provider Number: 150013900  
 Date: 09/27/2013  
 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	\$154.60	\$154.53	10/01/2013
#652 Continuous Home Care	37.56	37.54	10/01/2013
#655 Inpatient Respite Care	\$167.88	\$168.44	10/01/2013
#656 General Inpatient Care	\$686.52	\$687.04	10/01/2013
#658 Room and Board			

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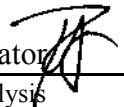
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

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

Provider Number: 150021000  
 Date: 09/27/2013  
 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	\$139.51	\$139.24	10/01/2013
#652 Continuous Home Care	33.90	33.83	10/01/2013
#655 Inpatient Respite Care	\$154.96	\$155.34	10/01/2013
#656 General Inpatient Care	\$624.09	\$623.76	10/01/2013
#658 Room and Board			

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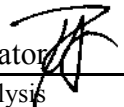
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

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

Provider Number: 150022800  
 Date: 09/27/2013  
 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	\$146.46	\$147.66	10/01/2013
#652 Continuous Home Care	35.58	35.87	10/01/2013
#655 Inpatient Respite Care	\$160.91	\$162.55	10/01/2013
#656 General Inpatient Care	\$652.84	\$658.60	10/01/2013
#658 Room and Board			

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