

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

| HCR Manor Care Services of Florida, Inc.<br>Heartland Home Health Care and Hospice<br>8130 Baymeadows Way W Suite<br>Jacksonville, FL 32256 |   |                                    | Provider I<br>Fiscal Y<br>Audi | Date:       | 000141800<br>01/15/2014<br>N/A<br>N/A |
|---|---|------------------------------------|--------------------------------|-------------|---------------------------------------|
| Provider Type:  |   |                                    | Current Rate                   | New Rate    | Effective Date                        |
| Rural Health Clinic   |   |                                    |                                |             |                                       |
| Swing-Bed Provider  |   |                                    |                                |             |                                       |
| Federally Qualified Health Centers  |   |                                    |                                |             |                                       |
| X Hospice Provider  |   |                                    |                                |             |                                       |
| #651 Routine Home Care  |   |                                    |                                |             |                                       |
| #652 Continuous Home Care   |   |                                    |                                |             |                                       |
| #655 Inpatient Respite Care   |   |                                    |                                |             |                                       |
| #656 General Inpatient Care   |   |                                    |                                |             |                                       |
| #658 Room and Board   |   |                                    | 188.88                         | 191.15      | 01/01/2014                            |
|   |   |                                    | 1                              | 41 944/2001 |                                       |
| Basis:  | Rate T                                  | Type:                              |                                |             | - M                                   |
| Budget  | X Pr                                    | ospectiv                           | e                              |             |                                       |
| Unaudited costs   |   | •                                  | rospective                     |             |                                       |
| Desk audited costs  |   | Prospective Adjusted for New Costs |                                |             |                                       |
| Field audited costs   |   |                                    |                                |             |                                       |
| Medicare - Prospective Payment System Rate  | Interim                                 |                                    |                                |             |                                       |
| X Average Nursing Home Rate   | Total Interim Settlement based on costs |                                    |                                |             |                                       |
|   |   | W. Ry                              | dell Samuel, Ad                |             | Rr                                    |

#### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:



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| <u>Medicaid Reimbursement i</u>             | er Diem Rates | ior Non-Instituti                       | <u>ionai Provide</u> i | <u>rs</u>      |
|---|---------------|---|------------------------|----------------|
| Samaritan Care Hospice of Osceola, LLC      |               | Provider 1                              | Number:                | 000532400      |
| Samaritan Care Hospice                      |               |   | Date:                  | 01/15/2014     |
| 1300 North Semoran Blvd., Ste 210           |               | Fiscal Y                                |                        | N/A            |
| Orlando, FL 32807                           |               | Audi                                    | t Status:              | N/A            |
| Provider Type:                              |               | Current Rate                            | New Rate               | Effective Date |
| Rural Health Clinic                         |               |   |                        |                |
| Swing-Bed Provider                          |               |   |                        |                |
| Federally Qualified Health Centers          |               |   |                        |                |
| X Hospice Provider                          |               |   |                        |                |
| #651 Routine Home Care                      |               |   |                        |                |
| #652 Continuous Home Care                   |               |   |                        |                |
| #655 Inpatient Respite Care                 |               |   |                        |                |
| #656 General Inpatient Care                 |               |   |                        |                |
| #658 Room and Board                         |               | 194.52                                  | 195.05                 | 01/01/2014     |
|   |               |   |                        |                |
| Basis:                                      | Rate Type :   |   |                        |                |
| Budget                                      | X Prospectiv  | /e                                      |                        |                |
| Unaudited costs                             |               | rospective                              |                        |                |
| Desk audited costs                          | Prospe        | ctive Adjusted for N                    | lew Costs              |                |
| Field audited costs  Medicare - Prospective | Interim       |   |                        |                |
| Payment System Rate                         | Total Inte    | erim                                    |                        |                |
| X Average Nursing Home Rate                 | Settleme      | nt based on costs                       |                        |                |
|   |               | ydell Samuel, Ad<br>aid Cost Reimbursen |                        | Pr .           |
| <u>Distribution:</u>                        |               |   |                        |                |
| Fiscal Agent                                |               |   |                        |                |
| Contract Management Permanent File          |               |   |                        |                |
| Program Development:                        |               |   |                        |                |
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#### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

| Vitas Healthcare Corp of Central Florida | Provider Number: | 000602600  |
|--|------------------|------------|
| Attn: Angela Santana                     | Date:            | 01/15/2014 |
| 100 S. Biscayne Blvd Suite 1400          | Fiscal Year End: | N/A        |
| Miami, FL 33131                          | Audit Status:    | N/A        |

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| X Hospice Provider                 |              |          |                |
| #651 Routine Home Care             |              |          |                |
| #652 Continuous Home Care          |              |          |                |
| #655 Inpatient Respite Care        |              |          |                |
| #656 General Inpatient Care        |              |          |                |
| #658 Room and Board                | 200.75       | 203.12   | 01/01/2014     |

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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

#### **Distribution:**

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

| Medicaid Remiburseme                             | int Fel Diein Kates                     | 101 Non-Institut     | ionai Frovide | 15             |
|--|---|----------------------|---------------|----------------|
| Odyssey Health Care Miami-Dade                   |   | Provider 1           | Number:       | 001572800      |
|  |   |                      | Date:         | 01/15/2014     |
| 5755 Blue Lagoon Dr Suite 170                    |   | Fiscal Y             |               | N/A            |
| Miami, FL 33126                                  |   | Audi                 | t Status:     | N/A            |
| Provider Type:                                   |   | Current Rate         | New Rate      | Effective Date |
| Rural Health Clinic                              |   |                      |               |                |
| Swing-Bed Provider                               |   |                      |               |                |
| Federally Qualified Health Centers               |   |                      |               |                |
| X Hospice Provider                               |   |                      |               |                |
| #651 Routine Home Care                           |   |                      |               |                |
| #652 Continuous Home Care                        |   |                      |               |                |
| #655 Inpatient Respite Care                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                      |               |                |
| #656 General Inpatient Care                      |   |                      |               |                |
| #658 Room and Board                              |   | 198.95               | 198.78        | 01/01/2014     |
|  |   |                      |               |                |
| Basis:   | Rate Type :                             |                      |               |                |
| Budget   | X Prospectiv                            | /e                   |               |                |
| Unaudited costs                                  |   | rospective           |               |                |
| Desk audited costs                               |   | ctive Adjusted for N | lew Costs     |                |
| Field audited costs                              |   |                      |               |                |
| Medicare - Prospective                           |   |                      |               |                |
| Payment System Rate  X Average Nursing Home Rate | Total Interim                           |                      |               |                |
|  | Settlemen                               | nt based on costs    |               |                |
|  |   |                      |               | R/             |
|  | ***                                     | ydell Samuel, Ad     |               |                |
|  | Medica                                  | aid Cost Reimburser  | nent Analysis | •              |
| Distribution:                                    |   |                      |               |                |
| Fiscal Agent                                     |   |                      |               |                |
| Contract Management                              |   |                      |               |                |
| Permanent File Program Development:              |   |                      |               |                |
| - D  |   |                      |               |                |



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| Rural Health Clinic Swing-Bed Provider  | 2014     |  |  |
|---|----------|--|--|
| 4900 Bayou Blvd., Ste 101 Pensacola, FL 32503  Provider Type:  Rural Health Clinic Swing-Bed Provider | \<br>\   |  |  |
| Pensacola, FL 32503  Provider Type:  Rural Health Clinic  Swing-Bed Provider                          | <b>\</b> |  |  |
| Provider Type:  Rural Health Clinic  Swing-Bed Provider   |          |  |  |
| Rural Health Clinic Swing-Bed Provider  | ve Date  |  |  |
| Swing-Bed Provider  |          |  |  |
|   |          |  |  |
|   |          |  |  |
| Federally Qualified Health Centers  |          |  |  |
| X Hospice Provider  |          |  |  |
| #651 Routine Home Care  |          |  |  |
| #652 Continuous Home Care   |          |  |  |
| #655 Inpatient Respite Care   |          |  |  |
| #656 General Inpatient Care   |          |  |  |
| #658 Room and Board 200.67 196.15 01/0  | 1/2014   |  |  |
|   |          |  |  |
| Basis: Rate Type :  |          |  |  |
| Budget X Prospective  |          |  |  |
| Unaudited costs Total Prospective   |          |  |  |
| Desk audited costs Prospective Adjusted for New Costs   |          |  |  |
| Field audited costs   |          |  |  |
| Medicare - Prospective Interim Payment System Rate Total Interim                                      | Interim  |  |  |
| X Average Nursing Home Rate Settlement based on costs   |          |  |  |
| W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis                                 |          |  |  |
| <u>Distribution:</u> Fiscal Agent   |          |  |  |
| Contract Management   |          |  |  |
| Permanent File  |          |  |  |
| Program Development:  |          |  |  |
| For information Only ( No Change in rate)   |          |  |  |



| Medicaid Reimbursemen  | t Per Diem Rate:     | s for Non-Institut                      | <u>ional Provide</u> i | <u>rs</u>               |
|--|----------------------|---|------------------------|-------------------------|
| Seasons Hospice and Palliative Care of Southern FL                                 |                      | Provider Number:<br>Date:               |                        | 002782200<br>01/15/2014 |
| 5200 Northeast 2nd Avenue  |                      |   | ear End:               | N/A                     |
| Miami, FL 32405  |                      | Audi                                    | t Status:              | N/A                     |
| Provider Type:   |                      | Current Rate                            | New Rate               | Effective Date          |
| Rural Health Clinic  |                      |   |                        |                         |
| Swing-Bed Provider   |                      |   |                        |                         |
| Federally Qualified Health Centers   |                      |   |                        |                         |
| X Hospice Provider   |                      |   |                        |                         |
| #651 Routine Home Care   |                      |   |                        |                         |
| #652 Continuous Home Care  |                      |   |                        |                         |
| #655 Inpatient Respite Care  |                      |   |                        |                         |
| #656 General Inpatient Care  |                      |   |                        |                         |
| #658 Room and Board  |                      | 221.27                                  | 216.58                 | 01/01/2014              |
|  |                      |   |                        |                         |
| Basis:   | Rate Type :          |   |                        |                         |
| Budget   | X Prospecti          | ve                                      |                        |                         |
| Unaudited costs  | Total l              | Prospective                             |                        |                         |
| Desk audited costs   | Prospe               | ective Adjusted for N                   | lew Costs              |                         |
| ***************************************  | Field audited costs  |   |                        |                         |
| Medicare - Prospective Payment System Rate   | Interim<br>Total Int | erim                                    |                        |                         |
| X Average Nursing Home Rate  |                      | nt based on costs                       |                        |                         |
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| Medicaid Reimbursement Per Die   | m Rates for Non-Institut                         | <u>ional Provide</u> | <u>rs</u>                      |  |  |
|--|--|----------------------|--------------------------------|--|--|
| Brevard HMA, LLC<br>Wuesthoff Brevard Hospice & Palliative Care<br>8060 Spyglass Rd. |  | Date:<br>ear End:    | 003694700<br>01/15/2014<br>N/A |  |  |
| Viera, FL 32940  | Audi   | it Status:           | N/A                            |  |  |
| Provider Type:   | Current Rate                                     | New Rate             | Effective Date                 |  |  |
| Rural Health Clinic  |  |                      |                                |  |  |
| Swing-Bed Provider   |  |                      |                                |  |  |
| Federally Qualified Health Centers   |  |                      |                                |  |  |
| X Hospice Provider   |  |                      |                                |  |  |
| #651 Routine Home Care   |  |                      |                                |  |  |
| #652 Continuous Home Care  |  |                      |                                |  |  |
| #655 Inpatient Respite Care  |  |                      |                                |  |  |
| #656 General Inpatient Care  |  |                      |                                |  |  |
| #658 Room and Board  | 198.01   | 198.41               | 01/01/2014                     |  |  |
|  |  |                      |                                |  |  |
| Basis: Rate  | Type:  |                      |                                |  |  |
| Budget X F   | Prospective                                      |                      |                                |  |  |
| Unaudited costs  | Total Prospective                                |                      |                                |  |  |
| Desk audited costs Prospective Adjusted for New Costs                                |  |                      |                                |  |  |
| Field audited costs  Medicare - Prospective  Into                                    | erim   |                      |                                |  |  |
| Payment System Rate  | Total Interim                                    |                      |                                |  |  |
| X Average Nursing Home Rate  | Settlement based on costs                        |                      | - ADALBANIN - M                |  |  |
| Distribution: Fiscal Agent Contract Management Permanent File Program Development:   | W. Rydell Samuel, Ac<br>Medicaid Cost Reimburser |                      | P.                             |  |  |
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#### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

| HCR Manor Care of Florida III, Inc.     | Provider Number: | 003815300  |
|---|------------------|------------|
| Heartland Hospice Services - Plantation | Date:            | 01/15/2014 |
| 150 S. Pine Island Road, Suite 200      | Fiscal Year End: | N/A        |
| Plantation, FL 33324                    | Audit Status:    | N/A        |

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| X Hospice Provider                 |              |          |                |
| #651 Routine Home Care             |              |          |                |
| #652 Continuous Home Care          |              |          |                |
| #655 Inpatient Respite Care        |              |          |                |
| #656 General Inpatient Care        |              |          |                |
| #658 Room and Board                | 209.79       | 204.97   | 01/01/2014     |

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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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

| HCR Manor Care Services of FL II, Inc. | Provider Number: | 004244800  |
|--|------------------|------------|
| Heartland Hospice Services (Homestead) | Date:            | 01/15/2014 |
| 381 N. Krome Ave, Suite 207            | Fiscal Year End: | N/A        |
| Homestead, FL 33030                    | Audit Status:    | N/A        |

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| X Hospice Provider                 |              |          |                |
| #651 Routine Home Care             |              |          |                |
| #652 Continuous Home Care          |              |          |                |
| #655 Inpatient Respite Care        |              |          |                |
| #656 General Inpatient Care        |              |          |                |
| #658 Room and Board                | 201.75       | 203.04   | 01/01/2014     |

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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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| Medicaid Reimbursement   | Per Diem Rates     | for Non-Instituti                  | onal Provide | <u>rs</u>      |
|--|--------------------|------------------------------------|--------------|----------------|
| Compassionate Care Hospice of Miami Dade, In   | nc.                | Provider Number:                   |              | 004579400      |
| Compassionate Care Hospice   |                    | D' 137                             | Date:        | 01/15/2014     |
| 600 Highland Drive STE 624   |                    | Fiscal Y                           |              | N/A            |
| Westampton, NJ 08060   |                    | Audi                               | t Status:    | N/A            |
| Provider Type:   |                    | Current Rate                       | New Rate     | Effective Date |
| Rural Health Clinic  |                    |                                    |              |                |
| Swing-Bed Provider   |                    |                                    |              |                |
| Federally Qualified Health Centers   |                    |                                    |              |                |
| X Hospice Provider   |                    |                                    |              |                |
| #651 Routine Home Care   |                    |                                    |              |                |
| #652 Continuous Home Care  |                    |                                    |              |                |
| #655 Inpatient Respite Care  |                    |                                    |              |                |
| #656 General Inpatient Care  |                    |                                    |              |                |
| #658 Room and Board  |                    | 190.03                             | 182.69       | 01/01/2014     |
| Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate | Interim Total Inte | rospective<br>ctive Adjusted for N | ministrator  | <b>K</b>       |
| Distribution: Fiscal Agent Contract Management Permanent File Program Development:   |                    |                                    | ,            |                |



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| Hospice of I.R.C.                                     |              | Provider 1   | Number:<br>Date:   | 087000500<br>01/15/2014 |
|---|--------------|--|--|-------------------------|
| 1111 36th Street                                      |              | Fiscal Y   |  | N/A                     |
| Vero Beach, FL 32960                                  |              | Audi   | t Status:  | N/A                     |
| Provider Type:  |              | Current Rate   | New Rate   | Effective Date          |
| Rural Health Clinic                                   |              |  |  | -                       |
| Swing-Bed Provider                                    |              |  |  |                         |
| Federally Qualified Health Centers                    |              |  |  |                         |
| X Hospice Provider                                    |              |  |  |                         |
| #651 Routine Home Care                                |              |  |  |                         |
| #652 Continuous Home Care                             |              |  |  |                         |
| #655 Inpatient Respite Care                           |              |  |  |                         |
| #656 General Inpatient Care                           |              |  |  |                         |
| #658 Room and Board                                   |              | 183.00   | 182.48   | 01/01/2014              |
|   |              |  |  |                         |
| Basis:  | Rate Type:   | Access to the second se | Account to the second s |                         |
| Budget  | X Prospectiv | /e   |  |                         |
| Unaudited costs                                       |              | rospective   |  |                         |
| Desk audited costs  Field audited costs               | Prospe       | ctive Adjusted for N   | ew Costs   |                         |
| Medicare - Prospective                                | Interim      |  |  |                         |
| Payment System Rate                                   | Total Inte   | erim   |  |                         |
| X Average Nursing Home Rate                           | Settleme     | nt based on costs  |  |                         |
| <b>Distribution:</b> Fiscal Agent Contract Management |              | ydell Samuel, Ad<br>nid Cost Reimbursen  |  | R                       |
| Permanent File  |              |  |  |                         |
| Program Development:                                  |              |  |  |                         |
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#### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

| Vitas Healthcare Corporation - Dade County      |              | Provider 1           | Number:   | 087246600      |
|---|--------------|----------------------|-----------|----------------|
| Attn: Angela Santana                            |              |                      | Date:     | 01/15/2014     |
| 100 S. Biscayne Blvd Suite 1400                 |              |                      | ear End:  | N/A            |
| Miami, FL 33131                                 |              | Audi                 | t Status: | N/A            |
| Provider Type:                                  |              | Current Rate         | New Rate  | Effective Date |
| Rural Health Clinic                             |              |                      |           |                |
| Swing-Bed Provider                              |              |                      |           |                |
| Federally Qualified Health Centers              |              |                      |           |                |
| X Hospice Provider                              |              |                      |           |                |
| #651 Routine Home Care                          |              |                      |           |                |
| #652 Continuous Home Care                       |              |                      |           |                |
| #655 Inpatient Respite Care                     |              |                      |           |                |
| #656 General Inpatient Care                     |              |                      |           |                |
| #658 Room and Board                             |              | 213.75               | 216.23    | 01/01/2014     |
|   |              |                      |           |                |
| Basis:  | Rate Type :  |                      |           |                |
| Budget  | X Prospectiv | ve                   |           |                |
| Unaudited costs                                 | Total I      | Prospective          |           |                |
| Desk audited costs                              | Prospe       | ctive Adjusted for N | lew Costs |                |
| Field audited costs                             |              |                      |           |                |
| Medicare - Prospective                          | Interim      |                      |           |                |
| Payment System Rate X Average Nursing Home Rate | Total Inte   |                      |           |                |
|   | Settleme     | nt based on costs    |           |                |
|   |              |                      |           |                |

#### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:



| Medicaid Reimbursemen  | t Per Diem Rates   | for Non-Institut                        | ional Provide | <u>rs</u>      |
|--|--------------------|---|---------------|----------------|
| St. Francis Hospice  |                    | Provider 1                              | Number:       | 087255500      |
|  |                    |   | Date:         | 01/15/2014     |
| 1250-B Grumman Place   |                    | Fiscal Y                                |               | N/A            |
| Titusville, FL 32780   |                    | Audi                                    | t Status:     | N/A            |
| Provider Type:   |                    | Current Rate                            | New Rate      | Effective Date |
| Rural Health Clinic  |                    |   |               |                |
| Swing-Bed Provider   |                    |   |               |                |
| Federally Qualified Health Centers   |                    |   |               |                |
| X Hospice Provider   |                    |   |               |                |
| #651 Routine Home Care   |                    |   |               |                |
| #652 Continuous Home Care  |                    |   |               | _              |
| #655 Inpatient Respite Care  |                    |   |               |                |
| #656 General Inpatient Care  |                    |   |               |                |
| #658 Room and Board  |                    | 198.88                                  | 197.37        | 01/01/2014     |
|  |                    |   |               |                |
| Basis:   | Rate Type :        |   |               |                |
| Budget   | X Prospectiv       | ∕e                                      |               |                |
| Unaudited costs  | Total P            | Prospective                             |               |                |
| Desk audited costs   | Prospe             | ctive Adjusted for N                    | lew Costs     |                |
| Field audited costs  |                    |   |               |                |
| Medicare - Prospective Payment System Rate   | Interim Total Inte |   |               |                |
| X Average Nursing Home Rate  |                    | nt based on costs                       |               |                |
| Distribution: Fiscal Agent Contract Management Permanent File Program Development: |                    | ydell Samuel, Ad<br>aid Cost Reimburser |               | K              |
| For information Only ( No Change in rate)  |                    |   |               |                |



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| lospice of the Comforter   |                                  | Provider 1                              |                   | 087256300         |
|--|----------------------------------|---|-------------------|-------------------|
| 90 West Central Plans  |                                  | Fiscal Y                                | Date:<br>ear End: | 01/15/2014<br>N/A |
| 80 West Central Pkwy  Altamonte Springs, FL 32714  |                                  |   | t Status:         | N/A               |
| Provider Type:   |                                  | Current Rate                            | New Rate          | Effective Date    |
| Rural Health Clinic  |                                  | Current Rate                            | New Kate          | Effective Date    |
|  |                                  |   |                   |                   |
| Swing-Bed Provider  Federally Qualified Health Centers   |                                  |   |                   |                   |
|  |                                  |   |                   |                   |
| X Hospice Provider   |                                  |   |                   |                   |
| #651 Routine Home Care   |                                  |   |                   |                   |
| #652 Continuous Home Care  |                                  |   |                   |                   |
| #655 Inpatient Respite Care  |                                  |   |                   |                   |
| #656 General Inpatient Care  |                                  |   |                   |                   |
| #658 Room and Board  | A                                | 198.73                                  | 203.97            | 01/01/2014        |
| Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectivePayment System RateXAverage Nursing Home Rate | Prospe-<br>Interim<br>Total Inte | rospective<br>ctive Adjusted for N      | ew Costs          |                   |
| Distribution: Fiscal Agent Contract Management Permanent File Program Development:   |                                  | ydell Samuel, Ad<br>aid Cost Reimbursen |                   |                   |



| scal Year E<br>Audit Star | tus:   | 01/15/2014<br>N/A<br>N/A<br>Effective Date |
|---------------------------|--------|--|
| Audit Sta                 | tus:   | N/A  |
| Rate Nev                  | w Rate | Effective Date                             |
|                           | , Rac  | Effective Date                             |
|                           |        |  |
|                           |        |  |
|                           |        |  |
|                           |        |  |
|                           |        |  |
|                           |        |  |
|                           |        |  |
|                           |        |  |
| 4.38                      | 195.09 | 01/01/2014                                 |
|                           |        |  |
|                           |        |  |
|                           |        |  |
|                           |        |  |
| ed for New Co             | osts   |  |
|                           |        |  |
|                           |        |  |
| osts                      |        |  |
| 0                         |        | <u>- U</u>                                 |



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

| Hospice of Martin & St. Lucie                   |   | Provider 1                              | Number: Date:  | 087514700<br>01/15/2014  |
|---|---|---|--|--|
| 1201 SE Indian Street                           |   | Fiscal Y                                |  | N/A  |
| Stuart, FL 34997                                |   | Audi                                    | Audit Status: N/A  |  |
| Provider Type:                                  |   | Current Rate                            | New Rate   | Effective Date   |
| Rural Health Clinic                             | 45 <u>- 19 - 19 - 17 - 17 - 17 - 17 - 17 - 17 </u>  |   |  |  |
| Swing-Bed Provider                              | ·   |   |  |  |
| Federally Qualified Health Centers              | Soft and the soft |   |  |  |
| X Hospice Provider                              |   |   |  |  |
| #651 Routine Home Care                          | -   |   |  | ·  |
| #652 Continuous Home Care                       | 100 100 100 100   |   |  |  |
| #655 Inpatient Respite Care                     |   |   |  |  |
| #656 General Inpatient Care                     |   |   |  |  |
| #658 Room and Board                             | **************************************  | 214.82                                  | 216.87   | 01/01/2014   |
|   |   |   | and the second state of the production of STRE-section of the production of the production of the second state of the second s |  |
| Basis:  | Rate Type :   |   |  |  |
| Pudaet  | X Prospectiv  |   |  |  |
| Budget Unaudited costs                          | ······································  | rospective                              |  |  |
| Desk audited costs                              |   | ctive Adjusted for N                    | lew Costs  |  |
| Field audited costs                             |   |   |  |  |
| Medicare - Prospective                          | Interim   |   |  |  |
| Payment System Rate X Average Nursing Home Rate | Total Inte  |   |  |  |
| X Average Nursing Home Rate                     | Settlemen   | nt based on costs                       |  | tangan adalah Ta |
|   |   | ydell Samuel, Ad<br>tid Cost Reimburser |  | R  |
| Distribution:                                   |   |   |  |  |
| Fiscal Agent                                    |   |   |  |  |
| Contract Management                             |   |   |  |  |
| Permanent File                                  |   |   |  |  |
| Program Development:                            |   |   |  |  |
| For information Only ( No Change in rate)       |   |   |  |  |



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

| Herr     | nando-Pasco Hospice, Inc.                        | ement i er Diem Kate | Provider 1                     | Number:       | <br>087515500  |  |
|----------|--|----------------------|--------------------------------|---------------|----------------|--|
| 101/     |  |                      | Fiscal Y                       | Date:         | 01/15/2014     |  |
|          | 07 Majestic Blvd.                                |                      |                                | t Status:     | N/A<br>N/A     |  |
| Hud      | son, FL 34667                                    |                      |                                | . Status.     | 14/71          |  |
| Pro      | ovider Type:                                     |                      | Current Rate                   | New Rate      | Effective Date |  |
|          | Rural Health Clinic                              | -                    |                                |               |                |  |
|          | Swing-Bed Provider                               |                      |                                |               |                |  |
|          | Federally Qualified Health Centers               |                      |                                |               |                |  |
| X        | Hospice Provider                                 |                      |                                |               |                |  |
|          | #651 Routine Home Care                           |                      |                                |               |                |  |
|          | #652 Continuous Home Care                        |                      |                                |               |                |  |
|          | #655 Inpatient Respite Care                      |                      |                                |               |                |  |
|          | #656 General Inpatient Care                      |                      |                                |               |                |  |
|          | #658 Room and Board                              |                      | 195.86                         | 196.47        | 01/01/2014     |  |
|          |  |                      |                                |               |                |  |
| Γ        | Basis:   | Rate Type :          | 1                              |               |                |  |
| <u> </u> | - /  |                      |                                |               |                |  |
|          | Budget Unaudited costs                           | X Prospect           | rve<br>Prospective             |               |                |  |
|          | Desk audited costs                               |                      | pective Adjusted for New Costs |               |                |  |
|          | Field audited costs                              | *                    | J                              |               |                |  |
|          | Medicare - Prospective                           | Interim              |                                |               |                |  |
| _        | Payment System Rate  X Average Nursing Home Rate | Total In             | terim<br>ent based on costs    |               |                |  |
|          |  | Settleme             | ent based on costs             |               |                |  |
|          |  | W. R                 | ydell Samuel, Ad               | ministrator   | Kr             |  |
|          |  | Medic                | caid Cost Reimbursen           | nent Analysis |                |  |
| D        | <u>istribution:</u>                              |                      |                                |               |                |  |
| F        | iscal Agent                                      |                      |                                |               |                |  |
|          | Contract Management<br>Fermanent File            |                      |                                |               |                |  |
|          | ermanent File<br>rogram Development:             |                      |                                |               |                |  |
|          |  |                      |                                |               |                |  |
|          | For information Only ( No Change in rate         | 4                    |                                |               |                |  |
|          | 107 Information Only (110 Change In face         | 9                    |                                |               |                |  |



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

| Hospice of Palm Beach County                     |              | Provider 1   |               | 087516300      |  |
|--|--------------|--|---------------|----------------|--|
|  |              |  | Date:         | 01/15/2014     |  |
| 5300 East Avenue                                 |              |  | ear End:      | N/A            |  |
| West Palm Beach, FL 33407                        |              | Audi   | N/A           |                |  |
| Provider Type:                                   |              | Current Rate   | New Rate      | Effective Date |  |
| Rural Health Clinic                              |              |  |               |                |  |
| Swing-Bed Provider                               |              |  |               |                |  |
| Federally Qualified Health Centers               |              |  |               |                |  |
| X Hospice Provider                               |              |  |               |                |  |
| #651 Routine Home Care                           |              |  |               |                |  |
| #652 Continuous Home Care                        |              |  |               |                |  |
| #655 Inpatient Respite Care                      |              |  |               |                |  |
| #656 General Inpatient Care                      |              |  |               |                |  |
| #658 Room and Board                              |              | 211.01   | 210.28        | 01/01/2014     |  |
|  |              |  |               |                |  |
| Basis:   | Rate Type :  | The analysis and an experience of the second |               |                |  |
| Budget   | X Prospectiv | /e   |               |                |  |
| Unaudited costs                                  |              | rospective   |               |                |  |
| Desk audited costs                               |              | pective Adjusted for New Costs   |               |                |  |
| Field audited costs                              |              | •  |               |                |  |
| Medicare - Prospective                           | Interim      |  |               |                |  |
| Payment System Rate  X Average Nursing Home Rate | Total Into   |  |               |                |  |
|  | Settlemen    | nt based on costs  |               |                |  |
|  |              | dell Samuel, Ad  |               |                |  |
|  | Medica       | id Cost Reimburser   | nent Analysis | d .            |  |
| Distribution:                                    |              |  |               |                |  |
| Fiscal Agent                                     |              |  |               |                |  |
| Contract Management                              |              |  |               |                |  |
| Permanent File Program Development:              |              |  |               |                |  |
| Hogiam Development.                              |              |  |               |                |  |
| For information Only ( No Change in rate)        |              |  |               |                |  |
|  |              |  |               |                |  |



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

| Covenant Hospice, Inc  |                         | Provider 1                          | Number:               | 087517100      |
|--|-------------------------|-------------------------------------|-----------------------|----------------|
|  |                         | F:137                               | Date:                 | 01/15/2014     |
| 5041 N. 12th   |                         | Fiscal Y                            | ear End:<br>t Status: | N/A<br>N/A     |
| Pensacola, FL 32504  |                         | 7 tudi                              | t Status.             | N/A            |
| Provider Type:   |                         | Current Rate                        | New Rate              | Effective Date |
| Rural Health Clinic  |                         |                                     |                       |                |
| Swing-Bed Provider   |                         |                                     |                       |                |
| Federally Qualified Health Center  | ·s                      |                                     |                       |                |
| X Hospice Provider   |                         |                                     |                       |                |
| #651 Routine Home Care   |                         |                                     |                       |                |
| #652 Continuous Home Care  |                         |                                     |                       |                |
| #655 Inpatient Respite Care  |                         |                                     |                       |                |
| #656 General Inpatient Care  |                         |                                     |                       |                |
| #658 Room and Board  |                         | 198.35                              | 198.53                | 01/01/2014     |
| Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate | ProspeInterimTotal Inte | Prospective<br>ctive Adjusted for N | ew Costs              |                |
|  |                         |                                     |                       |                |



| North Central Florida Hospice               | Pr                                | ovider l        | 087519800  |                |  |
|---|-----------------------------------|-----------------|------------|----------------|--|
| Attn: Revenue Accounting Manager            |                                   |                 | Date:      | 01/15/2014     |  |
| 4200 NW 90th Blvd                           | F                                 |                 | ear End:   | N/A            |  |
| Gainesville, FL 32606                       |                                   | Audi            | it Status: | N/A            |  |
| Provider Type:                              | Curren                            | t Rate          | New Rate   | Effective Date |  |
| Rural Health Clinic                         |                                   |                 |            |                |  |
| Swing-Bed Provider                          |                                   |                 |            |                |  |
| Federally Qualified Health Centers          |                                   |                 |            |                |  |
| X Hospice Provider                          |                                   |                 |            |                |  |
| #651 Routine Home Care                      |                                   |                 |            |                |  |
| #652 Continuous Home Care                   |                                   |                 |            |                |  |
| #655 Inpatient Respite Care                 |                                   |                 |            |                |  |
| #656 General Inpatient Care                 |                                   |                 |            |                |  |
| #658 Room and Board                         |                                   | 92.94           | 193.07     | 01/01/2014     |  |
|   |                                   |                 |            |                |  |
| Basis:                                      | Rate Type :                       |                 |            |                |  |
| Budget                                      | X Prospective                     |                 |            |                |  |
| Unaudited costs                             | Total Prospective                 | tal Prospective |            |                |  |
| Desk audited costs                          | Prospective Adjus                 | sted for N      | lew Costs  |                |  |
| Field audited costs  Medicare - Prospective | Interim                           |                 |            |                |  |
| Payment System Rate                         | Total Interim                     |                 |            |                |  |
| X Average Nursing Home Rate                 | Settlement based on               | costs           |            |                |  |
|   | W. Rydell Sam<br>Medicaid Cost Re |                 |            | R              |  |
| Distribution:                               |                                   |                 |            |                |  |
| Fiscal Agent                                |                                   |                 |            |                |  |
| Contract Management                         |                                   |                 |            |                |  |
| Permanent File Program Development:         |                                   |                 |            |                |  |
| i Togram Development.                       |                                   |                 |            |                |  |



Tallahassee, Florida 32308

| Hospice of Marion County   |              | Provider 1           | Number:<br>Date: | 087520100<br>01/15/2014 |  |
|--|--------------|----------------------|------------------|-------------------------|--|
| P.O. Box 4860  |              | Fiscal Y             |                  | N/A                     |  |
| Ocala, FL 34478  |              | Audı                 | t Status:        | N/A                     |  |
| Provider Type:   |              | Current Rate         | New Rate         | Effective Date          |  |
| Rural Health Clinic  |              |                      |                  |                         |  |
| Swing-Bed Provider   |              |                      |                  |                         |  |
| Federally Qualified Health Centers   |              |                      |                  |                         |  |
| X Hospice Provider   |              |                      |                  |                         |  |
| #651 Routine Home Care   |              |                      |                  |                         |  |
| #652 Continuous Home Care  |              |                      |                  |                         |  |
| #655 Inpatient Respite Care  |              |                      |                  |                         |  |
| #656 General Inpatient Care  |              |                      |                  |                         |  |
| #658 Room and Board  |              | 204.63               | 204.85           | 01/01/2014              |  |
|  |              |                      |                  |                         |  |
| Basis:   | Rate Type :  |                      |                  |                         |  |
| Budget   | X Prospectiv | e                    |                  |                         |  |
| Unaudited costs  |              | rospective           |                  |                         |  |
| Desk audited costs Field audited costs   | Prospec      | ctive Adjusted for N | ew Costs         |                         |  |
| Medicare - Prospective   | Interim      |                      |                  |                         |  |
| Payment System Rate  | Total Inte   |                      |                  |                         |  |
| X Average Nursing Home Rate  | Settlemer    | ent based on costs   |                  |                         |  |
|  |              | dell Samuel, Ad      |                  | R                       |  |
| Distribution: Fiscal Agent Contract Management Permanent File Program Development: |              |                      |                  |                         |  |
| For information Only ( No Change in rate)  |              |                      |                  |                         |  |



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

| Hospice of Health First  1900 Dairy Road  W. J. M. H. 20004  |                    | Provider Number:<br>Date:<br>Fiscal Year End:<br>Audit Status: |   | 087522800<br>01/15/2014<br>N/A |  |
|--|--------------------|--|---|--------------------------------|--|
| West Melbourne, FL 32904   |                    |  |   | N/A                            |  |
| Provider Type:   |                    | Current Rate   | New Rate                                | Effective Date                 |  |
| Rural Health Clinic  |                    |  | 100 100 100 100 100 100 100 100 100 100 |                                |  |
| Swing-Bed Provider   |                    |  | <u> </u>                                |                                |  |
| Federally Qualified Health Centers   |                    |  |   |                                |  |
| X Hospice Provider   |                    |  |   |                                |  |
| #651 Routine Home Care   |                    |  |   |                                |  |
| #652 Continuous Home Care  |                    |  |   |                                |  |
| #655 Inpatient Respite Care  |                    |  |   |                                |  |
| #656 General Inpatient Care  |                    |  |   |                                |  |
| #658 Room and Board  |                    | 207.51   | 204.50                                  | 01/01/2014                     |  |
| Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate | Interim Total Inte | rospective<br>ctive Adjusted for N                             | ministrator                             | R                              |  |
| Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)        |                    |  |   |                                |  |



|  | AND A CONTRACTOR | IOI TON INSTITUTE                    | onal Provide  | <u>rs</u>      |
|--|------------------|--------------------------------------|---------------|----------------|
| Hospice of Volusia                               |                  | Provider 1                           | 087523600     |                |
| 2000 W. H. J. T. H.                              |                  | Date:<br>Fiscal Year End:            |               | 01/15/2014     |
| 3800 Woodbriar Trail                             |                  |                                      | t Status:     | N/A<br>N/A     |
| Port Orange, FL 32129                            |                  |                                      |               | 14/14          |
| Provider Type:                                   |                  | Current Rate                         | New Rate      | Effective Date |
| Rural Health Clinic                              |                  |                                      |               |                |
| Swing-Bed Provider                               |                  |                                      |               |                |
| Federally Qualified Health Centers               |                  |                                      |               |                |
| X Hospice Provider                               |                  |                                      |               |                |
| #651 Routine Home Care                           |                  |                                      |               |                |
| #652 Continuous Home Care                        |                  |                                      |               |                |
| #655 Inpatient Respite Care                      |                  |                                      |               |                |
| #656 General Inpatient Care                      |                  |                                      |               |                |
| #658 Room and Board                              |                  | 193.41                               | 193.89        | 01/01/2014     |
| Basis:   | Rate Type :      |                                      |               |                |
| Dasis:   | Rate Type:       |                                      |               |                |
| Budget   | X Prospectiv     |                                      |               |                |
| Unaudited costs  Desk audited costs              |                  | rospective<br>ctive Adjusted for N   | ow Costs      |                |
| Field audited costs                              | riospe           | ctive Adjusted for N                 | ew Cosis      |                |
| Medicare - Prospective                           | Interim          |                                      |               |                |
| Payment System Rate  X Average Nursing Home Rate | Total Inte       | al Interim<br>tlement based on costs |               |                |
|  | Settleme         | it based on costs                    |               |                |
|  | W. Ry            | ydell Samuel, Ad                     | ministrator   | RY             |
|  | Medica           | nid Cost Reimbursen                  | nent Analysis |                |
| Distribution:                                    |                  |                                      |               |                |
| Fiscal Agent                                     |                  |                                      |               |                |
| Contract Management Permanent File               |                  |                                      |               |                |
| Program Development:                             |                  |                                      |               |                |
|  |                  |                                      |               |                |
| For information Only ( No Change in rate)        |                  |                                      |               |                |



|   |   |                                    | Provider Number:<br>Date: |                |  |
|---|---|------------------------------------|---------------------------|----------------|--|
| 1723 Mahan Center Blvd. Tallahassee, FL 32308 |   | Fiscal Y                           | 01/15/2014<br>N/A         |                |  |
|   |   | Audit Status:                      |                           | N/A            |  |
| Provider Type:                                |   | Current Rate                       | New Rate                  | Effective Date |  |
| Rural Health Clinic                           |   | Current Rate                       | Tien itale                | Directive Date |  |
| Swing-Bed Provider                            |   |                                    |                           |                |  |
| Federally Qualified Health Center             | •                                       |                                    |                           |                |  |
| X Hospice Provider                            |   |                                    |                           |                |  |
| #651 Routine Home Care                        |   |                                    | 4000                      |                |  |
| #652 Continuous Home Care                     |   |                                    |                           |                |  |
| #655 Inpatient Respite Care                   | *************************************** |                                    |                           |                |  |
| #656 General Inpatient Care                   |   |                                    |                           |                |  |
| #658 Room and Board                           |   | 201.46                             | 209.56                    | 01/01/2014     |  |
|   |   |                                    |                           |                |  |
| Basis:  | Rate Type :                             |                                    |                           |                |  |
| Budget  | X Prospectiv                            | ⁄e                                 |                           |                |  |
| Unaudited costs                               |   | al Prospective                     |                           |                |  |
| Desk audited costs  Field audited costs       | Prospe                                  | spective Adjusted for New Costs    |                           |                |  |
| Medicare - Prospective                        | Interim                                 |                                    |                           |                |  |
| Payment System Rate                           | Total Inte                              | l Interim                          |                           |                |  |
| X Average Nursing Home Rate                   | Settlement based on costs               |                                    |                           |                |  |
|   |   |                                    | —                         | R/             |  |
|   |   | dell Samuel, Ad id Cost Reimbursen |                           | <del> </del>   |  |
|   | Wiedie                                  | na Cost Remioursen                 | iciit ixiiaiysip          |                |  |
| Distribution:                                 |   |                                    |                           |                |  |
| Fiscal Agent Contract Management              |   |                                    |                           |                |  |
| Permanent File                                |   |                                    |                           |                |  |
| Program Development:                          |   |                                    |                           |                |  |



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| Hospice of the Florida Keys, Inc.  |  | Provider 1                              |           | 087525200         |  |
|--|--|---|-----------|-------------------|--|
| 1210 William Canad   |  | Fiscal Y                                | Date:     | 01/15/2014<br>N/A |  |
| 1319 William Street<br>Key West, FL 33040  |  |   | t Status: | N/A<br>N/A        |  |
| Key West, FL 33040   |  |   |           | yr                |  |
| Provider Type:   |  | Current Rate                            | New Rate  | Effective Date    |  |
| Rural Health Clinic  |  |   |           |                   |  |
| Swing-Bed Provider   |  |   |           |                   |  |
| Federally Qualified Health Centers   | - Company of the comp |   |           |                   |  |
| X Hospice Provider   |  |   |           |                   |  |
| #651 Routine Home Care   |  |   |           |                   |  |
| #652 Continuous Home Care  |  |   |           |                   |  |
| #655 Inpatient Respite Care  |  |   |           |                   |  |
| #656 General Inpatient Care  |  |   |           |                   |  |
| #658 Room and Board  |  | 224.58                                  | 230.56    | 01/01/2014        |  |
| Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate | ProspeInterimTotal Inte  | rospective<br>ctive Adjusted for N      | ew Costs  |                   |  |
| Distribution: Fiscal Agent Contract Management Permanent File Program Development:   |  | ydell Samuel, Ad<br>aid Cost Reimbursen |           |                   |  |
| For information Only ( No Change in rate)  |  |   |           |                   |  |



|   | Medicaid Reimburseme             | nt Per Diem Rates | for Non-Instituti    | onal Provide        | <u>rs</u>               |
|---|----------------------------------|-------------------|----------------------|---------------------|-------------------------|
| Hospice of Lake   | e and Sumter                     |                   | Provider 1           | Number:<br>Date:    | 087526100<br>01/15/2014 |
| 12300 Lane Parl   | k Road                           |                   | Fiscal Y             | ear End:            | N/A                     |
| Tavares, FL 32  | 2778                             |                   | Audi                 | t Status:           | N/A                     |
| Provider Type   | <b>:</b>                         |                   | Current Rate         | New Rate            | Effective Date          |
| Rural Hea   | alth Clinic                      |                   |                      |                     |                         |
| Swing-Be  | d Provider                       |                   |                      |                     |                         |
| Federally   | Qualified Health Centers         |                   |                      |                     |                         |
| X Hospice P   | rovider                          |                   |                      |                     |                         |
| #651 Re   | outine Home Care                 |                   |                      |                     |                         |
| #652 Co   | ontinuous Home Care              |                   |                      |                     |                         |
| #655 In   | patient Respite Care             |                   |                      |                     |                         |
| #656 G  | eneral Inpatient Care            |                   |                      |                     |                         |
| #658 Ro   | oom and Board                    |                   | 200.10               | 197.17              | 01/01/2014              |
|   |                                  |                   |                      |                     |                         |
| Basis:  |                                  | Rate Type:        |                      |                     |                         |
| Budge   | t                                | X Prospectiv      | e                    |                     |                         |
| ***************************************                                 | lited costs                      |                   | rospective           |                     |                         |
| <del></del>   | nudited costs                    | Prospec           | ctive Adjusted for N | ew Costs            |                         |
|   | audited costs are - Prospective  | Interim           |                      |                     |                         |
|   | ent System Rate                  | Total Inte        | erim                 |                     |                         |
| X Averag  | e Nursing Home Rate              | Settlemer         | nt based on costs    | 110000 110000 10000 |                         |
| Distribution: Fiscal Agent Contract Manag Permanent File Program Develo | gement                           |                   | dell Samuel, Ad      |                     | R                       |
| For inform  | mation Only ( No Change in rate) |                   |                      |                     |                         |



| Tidewell Hospice & Palliative Care   | for Non-Instituti<br>Provider 1     | 087527900                          |           |                |
|--|-------------------------------------|------------------------------------|-----------|----------------|
| ridewen riospice & Famative Care   |                                     | Date:<br>Fiscal Year End:          |           | 01/15/2014     |
| 5955 Rand Blvd   |                                     |                                    |           | N/A            |
| Sarasota, FL 34238   |                                     | Audi                               | t Status: | N/A            |
| Provider Type:   |                                     | Current Rate                       | New Rate  | Effective Date |
| Rural Health Clinic  |                                     |                                    |           |                |
| Swing-Bed Provider   |                                     |                                    |           |                |
| Federally Qualified Health Center  | S                                   |                                    |           |                |
| X Hospice Provider   |                                     |                                    |           |                |
| #651 Routine Home Care   |                                     |                                    |           |                |
| #652 Continuous Home Care  |                                     |                                    |           |                |
| #655 Inpatient Respite Care  |                                     |                                    |           |                |
| #656 General Inpatient Care  |                                     |                                    |           |                |
| #658 Room and Board  |                                     | 211.94                             | 211.72    | 01/01/2014     |
| Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate | Prospection   Interim   Total Inter | rospective<br>ctive Adjusted for N | ew Costs  |                |
| Distribution: Fiscal Agent Contract Management Permanent File Program Development:   |                                     | dell Samuel, Adid Cost Reimbursen  |           | Pr<br>I        |



#### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

|  | Provider 1   | Number:<br>Date:  | 087528700<br>01/15/2014  |  |
|--|--|---|--|--|
|  | Fiscal Y   | ear End:  | N/A  |  |
|  | Audi   | t Status:   | N/A  |  |
|  | Current Rate   | New Rate  | Effective Date   |  |
|  |  |   |  |  |
|  |  |   |  |  |
| S  |  |   |  |  |
|  |  |   |  |  |
|  |  |   |  |  |
|  |  |   |  |  |
|  |  |   |  |  |
|  |  |   |  |  |
| #658 Room and Board                                |  | 206.77  | 01/01/2014   |  |
| X Prospecti Total Prospecti Interim Total Interior | ive<br>Prospective<br>ective Adjusted for N<br>terim         | lew Costs   |  |  |
|  |  |   | <b>K</b>   |  |
|  | Rate Type:  X Prospect Total Prosp Interim Total In Settleme | Rate Type:  X Prospective Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Adv. | Fiscal Year End: Audit Status:  Current Rate New Rate  205.59 206.77  Rate Type:  X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim |  |



| ospice by the Sea  531 W. Palmetto Park Road oca Raton, FL 33486  Provider Type:  Rural Health Clinic  Swing-Bed Provider |   | Provider 1 Fiscal Y Audi Current Rate   | Date:      | 087529500<br>01/15/2014<br>N/A |
|---|---|---|------------|--------------------------------|
| oca Raton, FL 33486  Provider Type:  Rural Health Clinic  |   | Audi                                    | ear End:   | N/A                            |
| oca Raton, FL 33486  Provider Type:  Rural Health Clinic  |   |   | t Status:  | * * / /                        |
| Rural Health Clinic   |   | Current Data                            |            | N/A                            |
| Rural Health Clinic   |   | Corrent Raie                            | New Rate   | Effective Date                 |
|   |   |   | 11011 2000 |                                |
|   |   |   |            |                                |
| Federally Qualified Health Centers  |   |   |            |                                |
| X Hospice Provider  |   |   |            |                                |
| #651 Routine Home Care  |   |   |            | 489                            |
| #652 Continuous Home Care   |   |   |            |                                |
| #655 Inpatient Respite Care   |   |   |            |                                |
| #656 General Inpatient Care   |   |   |            |                                |
| #658 Room and Board   |   | 211.71                                  | 213.45     | 01/01/2014                     |
|   |   |   |            |                                |
| Basis:  | Rate Type :                             |   |            |                                |
| Budget  | X Prospecti                             | ve                                      |            |                                |
| Unaudited costs   |   | Prospective                             |            |                                |
| Desk audited costs  | Prospe                                  | ective Adjusted for N                   | ew Costs   |                                |
| Field audited costs   | *                                       |   |            |                                |
| Medicare - Prospective Payment System Rate  | Interim Total Int                       | terim                                   |            |                                |
| X Average Nursing Home Rate   |   | ent based on costs                      |            |                                |
|   | **************************************  | ydell Samuel, Ad<br>aid Cost Reimbursen |            | R                              |
|   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |            |                                |
| Distribution:   |   |   |            |                                |
| Fiscal Agent Contract Management  |   |   |            |                                |
| Permanent File  |   |   |            |                                |
| Program Development:  |   |   |            |                                |



#### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| ospice of the Florida Suncoast |   |   | 087532500  |  |
|--------------------------------|---|---|--|--|
|                                | Fiscal V  |   | 01/15/2014   |  |
|                                |   |   | N/A<br>N/A   |  |
|                                |   |   |  |  |
|                                | Current Rate  | New Rate  | <b>Effective Date</b>  |  |
|                                |   |   |  |  |
|                                |   |   |  |  |
| s ·                            |   |   |  |  |
|                                |   |   |  |  |
|                                |   |   |  |  |
|                                |   |   |  |  |
|                                |   |   |  |  |
|                                |   |   |  |  |
| #658 Room and Board            |   | 202.38  | 01/01/2014   |  |
| X Prospecti Total I Prospe     | ve<br>Prospective<br>ective Adjusted for N<br>erim                        | ew Costs  |  |  |
|                                |   |   |  |  |
|                                | Rate Type:  X Prospecti Total I Prospecti Interim Total Int Settleme W. R | Rate Type:  X Prospective Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Ad | Rate Type:  X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim |  |



#### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Hope Hospice & Palliative Care     |             | Provider 1                     |                                       | 087535000             |  |  |
|------------------------------------|-------------|--------------------------------|---------------------------------------|-----------------------|--|--|
| 2450 II. II. D. J. O. J.           |             | Fiscal Y                       | Date:                                 | 01/15/2014            |  |  |
| 9470 Health Park Circle            |             |                                | t Status:                             | N/A<br>N/A            |  |  |
| Ft. Myers, FL 33908                |             | Addi                           | IN/A                                  |                       |  |  |
| Provider Type:                     |             | Current Rate                   | New Rate                              | <b>Effective Date</b> |  |  |
| Rural Health Clinic                | ·           |                                |                                       |                       |  |  |
| Swing-Bed Provider                 |             |                                |                                       |                       |  |  |
| Federally Qualified Health Centers |             |                                |                                       |                       |  |  |
| X Hospice Provider                 |             |                                |                                       |                       |  |  |
| #651 Routine Home Care             |             |                                |                                       |                       |  |  |
| #652 Continuous Home Care          |             |                                |                                       |                       |  |  |
| #655 Inpatient Respite Care        |             |                                |                                       |                       |  |  |
| #656 General Inpatient Care        |             |                                |                                       |                       |  |  |
| #658 Room and Board                |             | 204.10                         | 207.05                                | 01/01/2014            |  |  |
|                                    |             |                                |                                       |                       |  |  |
| Basis:                             | Rate Type : |                                |                                       |                       |  |  |
| Budget                             | X Prospecti | -<br>Va                        |                                       |                       |  |  |
| Unaudited costs                    |             | Prospective                    |                                       |                       |  |  |
| Desk audited costs                 |             | pective Adjusted for New Costs |                                       |                       |  |  |
| Field audited costs                | *           | •                              |                                       |                       |  |  |
| Medicare - Prospective             | Interim     |                                |                                       |                       |  |  |
| Payment System Rate                | Total Int   |                                |                                       |                       |  |  |
| X Average Nursing Home Rate        | Settleme    | ent based on costs             | · · · · · · · · · · · · · · · · · · · |                       |  |  |
|                                    |             |                                |                                       | アノ                    |  |  |
|                                    | <u>W. R</u> | ydell Samuel, Ad               | lministrator                          |                       |  |  |
|                                    | Medic       | aid Cost Reimburser            | nent Analysis                         | 4                     |  |  |
| •                                  |             |                                |                                       |                       |  |  |
| Distribution:                      |             |                                |                                       |                       |  |  |
| Distribution: Fiscal Agent         |             |                                |                                       |                       |  |  |
| Fiscal Agent Contract Management   |             |                                |                                       |                       |  |  |
| Fiscal Agent                       |             |                                |                                       |                       |  |  |



| Medicaid Reimburs  | <u>ement Per Diem Rates</u>  | for Non-Instituti                       | <u>ional Provide</u>  | <u>rs</u>      |  |
|--|--|---|-----------------------|----------------|--|
| Hospice of Citrus County                                       |  | Provider 1                              | 087536800             |                |  |
| DO D. (1127)   |  | Cincol V                                | Date:                 | 01/15/2014     |  |
| PO Box 641270  |  | Fiscal Y                                | ear Eng:<br>t Status: | N/A<br>N/A     |  |
| Beverly Hills, FL 34464  | severiy Hills, FL 34464  |   | t Status.             | N/A            |  |
| Provider Type:   |  | Current Rate                            | New Rate              | Effective Date |  |
| Rural Health Clinic  |  |   |                       |                |  |
| Swing-Bed Provider   |  |   |                       |                |  |
| Federally Qualified Health Center                              | S  |   |                       |                |  |
| X Hospice Provider   |  |   |                       |                |  |
| #651 Routine Home Care   |  |   |                       |                |  |
| #652 Continuous Home Care                                      |  |   |                       |                |  |
| #655 Inpatient Respite Care                                    | and the second s |   |                       |                |  |
| #656 General Inpatient Care                                    |  |   |                       |                |  |
| #658 Room and Board  |  | 191.21                                  | 194.42                | 01/01/2014     |  |
| Basis:   | Rate Type :  |   |                       |                |  |
| Budget   | X Prospecti  | ve                                      |                       |                |  |
| Unaudited costs  |  | Prospective                             |                       |                |  |
| Desk audited costs Field audited costs                         | Prospe   | ctive Adjusted for N                    | ew Costs              |                |  |
| Medicare - Prospective   | Interim  |   |                       |                |  |
| Payment System Rate X Average Nursing Home Rate                | Total Int  |   |                       |                |  |
|  | Settleme   | nt based on costs                       |                       |                |  |
|  |  | ydell Samuel, Ad<br>aid Cost Reimbursen |                       | P              |  |
| Distribution:  |  |   |                       |                |  |
| Fiscal Agent   |  |   |                       |                |  |
| Contract Management Permanent File                             |  |   |                       |                |  |
| Program Development:   |  |   |                       |                |  |
|  |  |   |                       |                |  |
| Program Development:  For information Only ( No Change in rate | e)   |   |                       |                |  |



|  | Medicaid Reimburs                   | sement Per Diem Rates | for Non-Institut                        | <u>ional Provide</u> | <u>rs</u>      |  |
|--|-------------------------------------|-----------------------|---|----------------------|----------------|--|
| Avow Hospice   |                                     |                       | Provider 1                              | 087537600            |                |  |
|  |                                     |                       |   | Date:                | 01/15/2014     |  |
| 1095 Whippoory   | will Lane                           |                       |   | ear End:             | N/A            |  |
| Naples, FL 34  | 105                                 |                       | Audi                                    | it Status:           | N/A            |  |
| Provider Type  | :                                   |                       | Current Rate                            | New Rate             | Effective Date |  |
| Rural Hea  | lth Clinic                          |                       |   |                      |                |  |
| Swing-Bed  | d Provider                          |                       |   |                      |                |  |
| Federally  | Qualified Health Center             | ·s                    |   |                      |                |  |
| X Hospice P  | rovider                             |                       |   |                      |                |  |
| #651 Ro  | outine Home Care                    |                       |   |                      |                |  |
| #652 Co  | ontinuous Home Care                 |                       |   |                      |                |  |
| #655 In  | patient Respite Care                |                       |   |                      |                |  |
| #656 Ge  | eneral Inpatient Care               |                       |   |                      |                |  |
| #658 Room and Board  |                                     | 203.97                | 211.93                                  | 01/01/2014           |                |  |
|  |                                     |                       |   |                      |                |  |
| Basis:   |                                     | Rate Type :           |   |                      |                |  |
| Budge  | t                                   | X Prospectiv          | /e                                      |                      |                |  |
|  | ited costs                          |                       | Prospective                             |                      |                |  |
|  | udited costs                        | Prospe                | pective Adjusted for New Costs          |                      |                |  |
|  | udited costs                        | _                     |   |                      |                |  |
|  | are - Prospective<br>nt System Rate | Interim               | nterim                                  |                      |                |  |
|  | e Nursing Home Rate                 |                       | nent based on costs                     |                      |                |  |
| <b>Distribution:</b> Fiscal Agent Contract Manag Permanent File Program Develo | gement                              |                       | vdell Samuel, Ac<br>aid Cost Reimburser |                      |                |  |
| For inform   | nation Only ( No Change in rat      | e)                    |   |                      |                |  |



#### 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

| Hospice of Okeechobee  |                        | Provider 1                                  | <u>rs</u><br>087538400 |                |
|--|------------------------|---|------------------------|----------------|
| •  |                        | Date:                                       |                        | 01/16/2014     |
| 411 SE 4th Street  |                        | Fiscal Y                                    |                        | N/A            |
| Okeechobee, FL 34974   |                        | Audi  | udit Status: N/A       |                |
| Provider Type:   |                        | Current Rate                                | New Rate               | Effective Date |
| Rural Health Clinic  |                        |   |                        |                |
| Swing-Bed Provider   |                        |   |                        |                |
| Federally Qualified Health Center  | s                      |   |                        |                |
| X Hospice Provider   |                        |   |                        |                |
| #651 Routine Home Care   |                        |   |                        |                |
| #652 Continuous Home Care  |                        |   |                        |                |
| #655 Inpatient Respite Care  |                        |   |                        |                |
| #656 General Inpatient Care  |                        |   | Const Const Const      |                |
| #658 Room and Board County   | y: Okeechobee          | 231.51                                      | 231.60                 | 01/01/2014     |
| Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate | Prosp Interim Total In | ive<br>Prospective<br>ective Adjusted for N | ew Costs               |                |
| Distribution: Fiscal Agent Contract Management Permanent File Program Development:   |                        | Rydell Samuel, Ad<br>caid Cost Reimbursen   |                        |                |



| Medicaid Reimbursen  | <u>nent Per Diem Rates</u> | for Non-Instituti                       | onal Provide            | <u>rs</u>      |
|--|----------------------------|---|-------------------------|----------------|
| Catholic Hospice   |                            | Provider 1                              | 087569400<br>01/15/2014 |                |
| 14875 NW 77th Ave  |                            | Fiscal Y                                |                         | N/A            |
| Miami Lakes, FL 33014  |                            | Audi                                    | t Status:               | N/A            |
| Provider Type:   |                            | Current Rate                            | New Rate                | Effective Date |
| Rural Health Clinic  |                            |   |                         |                |
| Swing-Bed Provider   |                            |   |                         |                |
| Federally Qualified Health Centers   |                            |   |                         |                |
| X Hospice Provider   |                            |   |                         |                |
| #651 Routine Home Care   |                            |   |                         |                |
| #652 Continuous Home Care  |                            |   |                         |                |
| #655 Inpatient Respite Care  |                            |   |                         |                |
| #656 General Inpatient Care  |                            |   |                         |                |
| #658 Room and Board  |                            | 224.05                                  | 225.46                  | 01/01/2014     |
| Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate | ProspeInterimTotal Inte    | rospective<br>ctive Adjusted for N      | ew Costs                |                |
| Distribution: Fiscal Agent Contract Management Permanent File Program Development:   |                            | vdell Samuel, Ad<br>uid Cost Reimbursen |                         |                |
| For information Only ( No Change in rate)  |                            |   |                         |                |



| Medicaid Reimbursemer                      | <u>it Per Diem Rates</u> | for Non-Instituti              | ional Providei | <u>'S</u>  |  |
|--|--------------------------|--------------------------------|----------------|--|--|
| Gulfside Regional Hospice                  |                          | Provider Number:<br>Date:      |                | 087570800<br>01/15/2014  |  |
| 6111 Trouble Creek Rd                      |                          | Fiscal Y                       |                | N/A  |  |
| New Port Richey, FL 34653                  |                          | Audi                           | t Status:      | N/A  |  |
| Provider Type:                             |                          | Current Rate                   | New Rate       | Effective Date   |  |
| Rural Health Clinic                        |                          |                                |                |  |  |
| Swing-Bed Provider                         |                          |                                |                |  |  |
| Federally Qualified Health Centers         |                          |                                |                |  |  |
| X Hospice Provider                         |                          |                                |                |  |  |
| #651 Routine Home Care                     |                          |                                |                |  |  |
| #652 Continuous Home Care                  |                          |                                |                |  |  |
| #655 Inpatient Respite Care                |                          |                                |                |  |  |
| #656 General Inpatient Care                |                          |                                |                |  |  |
| #658 Room and Board                        |                          | 197.84                         | 196.00         | 01/01/2014   |  |
|  |                          |                                |                |  |  |
| Basis:                                     | Rate Type :              |                                |                | Common Communication Common Co |  |
| Budget                                     | X Prospectiv             | re                             |                |  |  |
| Unaudited costs                            |                          | Prospective                    |                |  |  |
| Desk audited costs                         | Prospec                  | pective Adjusted for New Costs |                |  |  |
| Field audited costs                        | ¥                        |                                |                |  |  |
| Medicare - Prospective Payment System Rate | Interim Total Inte       | rim                            |                |  |  |
| X Average Nursing Home Rate                |                          | nt based on costs              |                |  |  |
| <u>Distribution:</u><br>Fiscal Agent       |                          | dell Samuel, Ad                |                | R'   |  |
| Contract Management                        |                          |                                |                |  |  |
| Permanent File Program Development:        |                          |                                |                |  |  |
| •  |                          |                                |                |  |  |
| For information Only ( No Change in rate)  |                          |                                |                |  |  |



| Medicaid Reimbursem                       | ient Per Diem Kates                    |  |                   |                         |  |
|---|--|--|-------------------|-------------------------|--|
| Hospice of Gold Coast                     |  | Provider 1   | Number:<br>Date:  | 150000700<br>01/15/2014 |  |
| 2101 W. Commercial Blvd Suite 4500        |  | Fiscal Y   |                   | N/A                     |  |
| Ft Lauderdale, FL 33309                   |  |  | t Status:         | N/A                     |  |
|   |  |  |                   |                         |  |
| Provider Type:                            |  | Current Rate                                       | New Rate          | Effective Date          |  |
| Rural Health Clinic                       |  |  |                   |                         |  |
| Swing-Bed Provider                        |  |  |                   |                         |  |
| Federally Qualified Health Centers        |  |  |                   |                         |  |
| X Hospice Provider                        |  |  |                   |                         |  |
| #651 Routine Home Care                    |  |  |                   |                         |  |
| #652 Continuous Home Care                 |  |  |                   |                         |  |
| #655 Inpatient Respite Care               |  |  |                   |                         |  |
| #656 General Inpatient Care               |  |  |                   |                         |  |
| #658 Room and Board                       |  | 202.66   | 208.28            | 01/01/2014              |  |
|   | 1100000 110000 110000                  | . h  |                   | 1                       |  |
| Basis:                                    | Rate Type :                            |  |                   |                         |  |
|   |  | •  |                   |                         |  |
| Budget                                    | X Prospecti                            |  |                   |                         |  |
| Unaudited costs  Desk audited costs       | ************************************** | otal Prospective rospective Adjusted for New Costs |                   |                         |  |
| Field audited costs                       |  | to regulated for re                                | <b>4</b> 77 CO312 |                         |  |
| Medicare - Prospective                    | Interim                                |  |                   |                         |  |
| Payment System Rate                       | Total Int                              |  |                   |                         |  |
| X Average Nursing Home Rate               | Settleme                               | nt based on costs                                  |                   |                         |  |
|   |  |  |                   | R/                      |  |
|   |  | ydell Samuel, Ad                                   |                   | 1                       |  |
|   | Medic                                  | aid Cost Reimbursen                                | nent Analysis     | •                       |  |
| Distribution:                             |  |  |                   |                         |  |
| Fiscal Agent                              |  |  |                   |                         |  |
| Contract Management                       |  |  |                   |                         |  |
| Permanent File Program Development:       |  |  |                   |                         |  |
| Program Development.                      |  |  |                   |                         |  |
|   |  |  |                   |                         |  |
| For information Only ( No Change in rate) |  |  |                   |                         |  |



| Medicaid Reimbursem  | ent Per Diem Rates                      | for Non-Instituti                     | onal Provide | <u>rs</u>               |  |
|--|---|---------------------------------------|--------------|-------------------------|--|
| Hospice Care of South Fl.  |   | Provider Number:<br>Date:             |              | 150001500<br>01/15/2014 |  |
| 7270 N.W. 12th St., PH#6   |   | Fiscal Y                              |              | N/A                     |  |
| Miami, FL 33126  |   | Audi                                  | t Status:    | N/A                     |  |
| Provider Type:   |   | Current Rate                          | New Rate     | Effective Date          |  |
| Rural Health Clinic  |   |                                       |              |                         |  |
| Swing-Bed Provider   | _                                       |                                       |              |                         |  |
| Federally Qualified Health Centers   |   |                                       |              |                         |  |
| X Hospice Provider   |   |                                       |              |                         |  |
| #651 Routine Home Care   |   |                                       |              |                         |  |
| #652 Continuous Home Care  |   |                                       |              |                         |  |
| #655 Inpatient Respite Care  |   | _                                     |              |                         |  |
| #656 General Inpatient Care  |   |                                       |              |                         |  |
| #658 Room and Board  |   | 229.83                                | 231.61       | 01/01/2014              |  |
|  |   |                                       |              |                         |  |
| Basis:   | Rate Type :                             |                                       |              |                         |  |
| Budget   | X Prospectiv                            | re                                    |              |                         |  |
| Unaudited costs  | *************************************** | rospective                            |              |                         |  |
| Desk audited costs   | Prospe                                  | pective Adjusted for New Costs        |              |                         |  |
| Field audited costs  Medicare - Prospective  | Interim                                 |                                       |              |                         |  |
| Payment System Rate  | Total Inte                              | terim                                 |              |                         |  |
| X Average Nursing Home Rate  |   | ent based on costs                    |              |                         |  |
| Distribution: Fiscal Agent Contract Management Permanent File Program Development: |   | dell Samuel, Ad<br>id Cost Reimbursen |              |                         |  |
| For information Only ( No Change in rate)  |   |                                       |              |                         |  |



| Florida Hospital Hospice Care               |                           | Provider N                           | Number:<br>Date:   | 150003100         |  |
|---|---------------------------|--------------------------------------|--------------------|-------------------|--|
| 770 W. Granada Blvd Suite 319               |                           | Fiscal Yo                            |                    | 01/15/2014<br>N/A |  |
| Ormond Beach, FL 32174                      |                           |                                      | t Status:          | N/A               |  |
| Provider Type:                              |                           | Current Rate                         | New Rate           | Effective Date    |  |
| Rural Health Clinic                         |                           |                                      |                    |                   |  |
| Swing-Bed Provider                          |                           |                                      |                    |                   |  |
| Federally Qualified Health Centers          |                           |                                      |                    |                   |  |
| X Hospice Provider                          |                           |                                      |                    |                   |  |
| #651 Routine Home Care                      |                           |                                      |                    |                   |  |
| #652 Continuous Home Care                   |                           | 2007                                 |                    |                   |  |
| #655 Inpatient Respite Care                 |                           |                                      |                    |                   |  |
| #656 General Inpatient Care                 |                           |                                      | WART IN WASTERN TO |                   |  |
| #658 Room and Board                         |                           | 211.43                               | 207.61             | 01/01/2014        |  |
|   |                           |                                      |                    |                   |  |
| Basis:                                      | Rate Type :               |                                      |                    |                   |  |
| Budget                                      | K Prospective             | !                                    |                    |                   |  |
| Unaudited costs                             |                           | ospective                            |                    |                   |  |
| Desk audited costs                          | Prospect                  | ive Adjusted for N                   | ew Costs           |                   |  |
| Field audited costs  Medicare - Prospective | Interim                   |                                      |                    |                   |  |
| Payment System Rate                         | Total Inter               | im                                   |                    |                   |  |
| X Average Nursing Home Rate                 | Settlement based on costs |                                      |                    |                   |  |
|   | W. D                      | dall Camual Ad                       |                    | Ru                |  |
|   |                           | dell Samuel, Ad<br>d Cost Reimbursen |                    | <del> </del>      |  |
|   |                           |                                      | •                  |                   |  |
| Distribution: Fiscal Agent                  |                           |                                      |                    |                   |  |
| Contract Management                         |                           |                                      |                    |                   |  |
| Permanent File                              |                           |                                      |                    |                   |  |
| Program Development:                        |                           |                                      |                    |                   |  |



| <u>Medicaid Reimburseme</u>                 | nt Per Diem Rates | for Non-Instituti    | onal Provide                 | <u>rs</u>      |
|---|-------------------|----------------------|------------------------------|----------------|
| Hospice of Emerald Coast                    |                   | Provider N           | 150009100                    |                |
| DO D 2125                                   |                   | Fiscal Yo            | Date:                        | 01/15/2014     |
| PO Box 2127                                 |                   |                      | t Status:                    | N/A<br>N/A     |
| Dothan, AL 36302                            |                   | Tradit States.       |                              | IV/A           |
| Provider Type:                              |                   | Current Rate         | New Rate                     | Effective Date |
| Rural Health Clinic                         |                   |                      | AMERICAN SOCIETY OF THE SAME |                |
| Swing-Bed Provider                          |                   |                      |                              |                |
| Federally Qualified Health Centers          |                   |                      |                              |                |
| X Hospice Provider                          |                   |                      |                              |                |
| #651 Routine Home Care                      |                   |                      |                              |                |
| #652 Continuous Home Care                   |                   |                      |                              |                |
| #655 Inpatient Respite Care                 |                   |                      |                              |                |
| #656 General Inpatient Care                 |                   |                      |                              |                |
| #658 Room and Board                         |                   | 198.95               | 196.60                       | 01/01/2014     |
|   |                   |                      |                              |                |
| Basis:                                      | Rate Type :       |                      |                              | SE (17         |
| Budget                                      | X Prospectiv      | ⁄e                   |                              |                |
| Unaudited costs                             |                   | rospective           |                              |                |
| Desk audited costs                          | Prospe            | ctive Adjusted for N | ew Costs                     |                |
| Field audited costs  Medicare - Prospective | Interim           |                      |                              |                |
| Payment System Rate                         | Total Inte        | erim                 |                              |                |
| X Average Nursing Home Rate                 |                   | nt based on costs    |                              |                |
|   |                   |                      | 7                            | Z.             |
|   |                   | dell Samuel, Ad      |                              |                |
|   | Medica            | uid Cost Reimbursen  | nent Analysis                |                |
| <b>Distribution:</b>                        |                   |                      |                              |                |
| Fiscal Agent                                |                   |                      |                              |                |
| Contract Management Permanent File          |                   |                      |                              |                |
| Program Development:                        |                   |                      |                              |                |
|   |                   |                      |                              |                |
| For information Only ( No Change in rate)   |                   |                      |                              |                |



#### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Vitas Healthcare Corp of Florida - Congress Ave |  | Provider 1                              |           | 150013900      |  |
|---|--|---|-----------|----------------|--|
| Attn: Angela Santana                            |  | ייי נייי                                | Date:     | 01/15/2014     |  |
| 100 S. Biscayne Blvd Suite 1400                 |  | Fiscal Y                                |           | N/A            |  |
| Miami, FL 33131                                 |  | Audi                                    | t Status: | N/A            |  |
| Provider Type:                                  |  | Current Rate                            | New Rate  | Effective Date |  |
| Rural Health Clinic                             |  |   |           |                |  |
| Swing-Bed Provider                              |  |   |           |                |  |
| Federally Qualified Health Centers              |  |   |           |                |  |
| X Hospice Provider                              | Mary approximately and the paper of the pape |   |           |                |  |
| #651 Routine Home Care                          |  |   |           |                |  |
| #652 Continuous Home Care                       |  |   |           |                |  |
| #655 Inpatient Respite Care                     | and the second s |   |           |                |  |
| #656 General Inpatient Care                     |  |   |           | ,              |  |
| #658 Room and Board                             |  | 211.03                                  | 213.32    | 01/01/2014     |  |
|   |  |   |           |                |  |
| Basis:  | Rate Type :  |   |           |                |  |
| Budget  | X Prospectiv   | /e                                      |           |                |  |
| Unaudited costs                                 | Total F  | al Prospective                          |           |                |  |
| Desk audited costs                              | Prospe   | ctive Adjusted for N                    | lew Costs |                |  |
| Field audited costs                             | Interim  |   |           |                |  |
| Medicare - Prospective Payment System Rate      | Total Inte   | erim                                    |           |                |  |
| X Average Nursing Home Rate                     | Settlement based on costs  |   |           |                |  |
|   |  | ydell Samuel, Ad<br>aid Cost Reimbursen |           | Z.             |  |
| Distribution                                    |  |   |           |                |  |
| <u>Distribution:</u> Fiscal Agent               |  |   |           |                |  |
| Contract Management                             |  |   |           |                |  |
| Permanent File                                  |  |   |           |                |  |
| Program Development:                            |  |   |           |                |  |
| For information Only ( No Change in rate)       | )  |   |           |                |  |



| Medicaid Reimbursen                          | <u>ient Per Diem Rates</u>             | for Non-Instituti  | onal Provide | <u>rs</u>  |  |
|--|--|--|--------------|--|--|
| Good Shepherd Hospice, Inc                   |  | Provider 1   | 150021000    |  |  |
| 115 Compl. MC                                |  | Date:<br>Fiscal Year End:  |              | 01/15/2014<br>N/A                                |  |
| 115 South Missouri Ave<br>Lakeland, FL 33815 |  |  | t Status:    | N/A<br>N/A                                       |  |
| Lakeland, FL 33813                           |  |  |              |  |  |
| Provider Type:                               |  | Current Rate   | New Rate     | Effective Date                                   |  |
| Rural Health Clinic                          |  |  |              |  |  |
| Swing-Bed Provider                           |  |  |              |  |  |
| Federally Qualified Health Centers           |  |  |              |  |  |
| X Hospice Provider                           |  | 1  |              |  |  |
| #651 Routine Home Care                       |  |  |              |  |  |
| #652 Continuous Home Care                    |  |  |              |  |  |
| #655 Inpatient Respite Care                  |  |  |              |  |  |
| #656 General Inpatient Care                  |  |  |              |  |  |
| #658 Room and Board                          |  | 192.63   | 191.70       | 01/01/2014                                       |  |
|  |  |  |              |  |  |
| Basis:                                       | Rate Type :                            |  |              |  |  |
|  |  |  |              |  |  |
| Budget Unaudited costs                       | X Prospectiv                           |  |              |  |  |
| Desk audited costs                           | ************************************** | al Prospective<br>spective Adjusted for New Costs  |              |  |  |
| Field audited costs                          |  |  |              |  |  |
| Medicare - Prospective Payment System Rate   | Interim Total Inte                     |  |              |  |  |
| X Average Nursing Home Rate                  |  | ment based on costs  |              |  |  |
|  |  | mandada 1177 <sub>0000</sub> dala bisanda (1177 <sub>0</sub> ) dala bisanda (1175 <sub>00</sub> ) dala bisanda (1175 <sub>00</sub> ) dala bisanda (1177 <sub>0</sub> |              |  |  |
|  | W R                                    | dell Samuel, Ad  | ministrator  | RV .   |  |
|  |  | id Cost Reimbursen   |              | <del>                                     </del> |  |
| D: 4.3. 4%                                   |  |  |              |  |  |
| <b>Distribution:</b> Fiscal Agent            |  |  |              |  |  |
| Contract Management                          |  |  |              |  |  |
| Permanent File Program Development:          |  |  |              |  |  |
|  |  |  |              |  |  |
| For information Only ( No Change in rate)    |  |  |              |  |  |
|  |  |  |              |  |  |



# Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning at

| <u>Medicaid Reimburser</u>  | <u>ment Per Diem Rates</u> | for Non-Instituti                            | ional Provide | <u>rs</u>      |
|---|----------------------------|--|---------------|----------------|
| LifePath Hospice, Inc.  |                            | Provider Number:                             |               | 150022800      |
|   |                            | Date:  |               | 01/15/2014     |
| 3010 W. Azeele Street   |                            | Fiscal Year End: Audit Status:               |               | N/A<br>N/A     |
| Tampa, FL 33609   |                            | Addit Status.                                |               | N/A            |
| Provider Type:  |                            | Current Rate                                 | New Rate      | Effective Date |
| Rural Health Clinic   |                            |  |               |                |
| Swing-Bed Provider  |                            |  |               |                |
| Federally Qualified Health Centers  |                            |  |               |                |
| X Hospice Provider  |                            |  |               |                |
| #651 Routine Home Care  |                            |  |               |                |
| #652 Continuous Home Care   |                            |  |               |                |
| #655 Inpatient Respite Care   |                            |  |               |                |
| #656 General Inpatient Care   |                            |  |               |                |
| #658 Room and Board   |                            | 196.81                                       | 198.27        | 01/01/2014     |
|   |                            |  |               |                |
| Basis:  | Rate Type :                |  |               |                |
| Budget  | X Prospective              |  |               |                |
| Unaudited costs Total P. Desk audited costs Prospec                                 |                            | Prospective<br>ective Adjusted for New Costs |               |                |
|   |                            |  |               |                |
| Payment System Rate  X Average Nursing Home Rate                                    | Interim Total Interim      |  |               |                |
|   | Settlement based on costs  |  |               |                |
| W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis  Piscal Agent |                            |  |               |                |
| Contract Management   |                            |  |               |                |
| Permanent File  |                            |  |               |                |
| Program Development:  |                            |  |               |                |
| For information Only ( No Change in rate)   |                            |  |               |                |