

Medicaid Reimbursement Per Diem	Rates for Non-Institut	ional Provide	ers
HCR Manor Care Services of Florida, Inc. Heartland Home Health Care and Hospice 8130 Baymeadows Way W Suite Jacksonville, FL 32256	Provider I Fiscal Y Audi	Date:	000141800 07/21/2014 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care	-		
#656 General Inpatient Care			
#658 Room and Board	191.15	199.43	07/01/2014
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective Payment System Rate  Total	pective otal Prospective rospective Adjusted for N	ew Costs	8
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	V. Rydell Samuel, Ad Iedicaid Cost Reimbursen		R
For information Only ( No Change in rate)			



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

Medicala Reimbarsei	ment i et Diem Rates	101 IVII-IIISHUU	ionai i iovide	13
Samaritan Care Hospice of Osceola, LLC		Provider 1		000532400
Samaritan Care Hospice		0_104 TE0/200	Date:	07/21/2014
1300 North Semoran Blvd., Ste 210			ear End:	N/A
Orlando, FL 32807		Audi	t Status:	N/A
Provider Type:		<b>Current Rate</b>	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care			-00°	
#655 Inpatient Respite Care			81	
#656 General Inpatient Care				
#658 Room and Board		195.05	209.14	07/01/2014
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs	Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs	wedner (West			
Medicare - Prospective Payment System Rate	Interim Total Inte	n matrix		
X Average Nursing Home Rate	The state of the s	t based on costs		
a sold sold	Settlemen	to output off costs		
	W Dr	dall Comuel Ad	ministrator	RV
	W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis			<u> </u>
	ivicuica	ia cost Reillioursell	ioni i marysip	
Distribution:				
Fiscal Agent				

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



Tallahassee, Florida 32308

Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	rs
Vitas Healthcare Corp of Central Florida Attn: Angela Santana 100 S. Biscayne Blvd Suite 1400 Miami, FL 33131		Provider I Fiscal Y Audi	Date:	000602600 07/21/2014 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			80 15 u.s.	
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		203.12	211.85	07/01/2014
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Rate Type:  X Prospective Total Prospective Prospective Adjusted for New Costs  Interim Total Interim Settlement based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Medica	dell Samuel, Ad id Cost Reimbursen	ministrator//	R.



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Odyssey Health Care Miami-Dade		ALL CONTRACTOR OF THE PROPERTY		001572800 07/21/2014 N/A	
Miami, FL 33126		Audit Status: N/A			
Provider Type:		Current Rate	New Rate	<b>Effective Date</b>	
Rural Health Clinic			and model and the second		
Swing-Bed Provider					
Federally Qualified Health Centers			Supar line		
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care	A A AMERICAN		-		
#658 Room and Board		198.78	207.74	07/01/2014	
Basis:	Rate Type:				
Budget	X Prospectiv	e			
Unaudited costs		l Prospective			
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	ew Costs		
Medicare - Prospective	Interim				
Payment System Rate	Total Inte	rim			
X Average Nursing Home Rate	Settlemen	t based on costs			
	-	dell Samuel, Ad id Cost Reimbursen	ministrator	RV	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



Regency Hospice of NW Florida, Inc.		Provider 1	Number: Date:	001636100 07/21/2014
4900 Bayou Blvd., Ste 101		Fiscal Y	ear End:	N/A
Pensacola, FL 32503		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			(8)	
#656 General Inpatient Care				
#658 Room and Board		196.15	205.11	07/01/2014
	2.0			
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	tive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective Payment System Rate	Interim Total Inte	altana		
X Average Nursing Home Rate		t based on costs		
	W. Ry	dell Samuel, Ad id Cost Reimbursen		RV
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursement	t Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Seasons Hospice and Palliative Care of Southern FL 5200 Northeast 2nd Avenue Miami, FL 32405		Provider Number: Date: Fiscal Year End: Audit Status:		002782200 07/21/2014 N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care		8			
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board		216.58	226.59	07/01/2014	
V V					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Rate Type:  X Prospective Total Prospective Prospective Adjusted for New Costs  Interim Total Interim Settlement based on costs				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen	ministrator	RV	
For information Only ( No Change in rate)					



Brevard HMA, LLC Wuesthoff Brevard Hospice & Palliative Care 8060 Spyglass Rd. Viera, FL 32940	,	Provider I Fiscal Y Audi	Date:	003694700 07/21/2014 N/A N/A
Provider Type:		Current Rate	New Rate	<b>Effective Date</b>
Rural Health Clinic	V			
Swing-Bed Provider	5005		e e	
Federally Qualified Health Centers		E .		
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				200000000000000000000000000000000000000
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		198.41	214.53	07/01/2014
				9
Basis:	Rate Type :			3
Budget X Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Interim Total Inte	rospective tive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management		dell Samuel, Ad		R
Permanent File Program Development:  For information Only ( No Change in rate)				



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

HCR Manor Care of Florida III, Inc. Heartland Hospice Services - Plantation 150 S. Pine Island Road, Suite 200 Plantation, FL 33324		Provider l Fiscal Y Audi	Date:	003815300 07/21/2014 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care			*	
#655 Inpatient Respite Care				
#656 General Inpatient Care				·
#658 Room and Board		204.97	209.36	07/01/2014
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Interim Total Inte Settlemen  W. Ry	rospective ctive Adjusted for N	ministrator	RV
Distribution:			* *	

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



Medicald Reimbul Sement 1	I Diem Kates			15
HCR Manor Care Services of FL II, Inc.		Provider 1	1472-1-2016-1	004244800
Heartland Hospice Services (Homestead)			Date:	07/21/2014
381 N. Krome Ave, Suite 207			ear End:	N/A
Homestead, FL 33030		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider			are via	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		203.04	201.95	07/01/2014
Basis:	Rate Type :			
Budget X	Prospectiv	/e		
Unaudited costs		Prospective		
Desk audited costs		ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	_ Interim			
Payment System Rate  X Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate	Settlemer	nt based on costs		24100 VIII
			1	RV
	W. Ry	dell Samuel, Ad	ministrator	
	Medica	aid Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement	Per Diem Rates	for Non-Institut	tional Provide	ers	
Compassionate Care Hospice of Miami Dade, In Compassionate Care Hospice 600 Highland Drive STE 624 Westampton, NJ 08060	c.		Number: Date: fear End: it Status:	004579400 07/21/2014 N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board		182.69	190.01	07/01/2014	
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectivePayment System RateXAverage Nursing Home Rate	Rate Type:  X Prospective Total Prospective Prospective Adjusted for New Costs  Interim Total Interim Settlement based on costs				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		dell Samuel, Ad id Cost Reimbursen	ministrator	R	



Hospice of I.R.C.		Provider 1		087000500		
1111 36th Street		Figeal V	Date: ear End:	07/21/2014 N/A		
Vero Beach, FL 32960		Audit Status: N/A				
vero Beach, 1-L 32900			West - statement of the			
Provider Type:	S - 80000	Current Rate	New Rate	Effective Date		
Rural Health Clinic	9 576493.6			<u></u>		
Swing-Bed Provider						
Federally Qualified Health Centers						
Hospice Provider						
#651 Routine Home Care				- 0)		
#652 Continuous Home Care			50 24W1.281 88			
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#658 Room and Board		182.48	203.50	07/01/2014		
		·				
Basis:	Rate Type :					
Budget	X Prospectiv	e				
Unaudited costs	#30.54	rospective				
Desk audited costs	Prospec	pective Adjusted for New Costs				
Field audited costs						
Medicare - Prospective Payment System Rate	Interim Total Inte	nterim				
X Average Nursing Home Rate		ent based on costs				
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis						
50-00-00 st (1996)	Triodiou.					
Distribution: Fiscal Agent Contract Management Permanent File Program Development:						
For information Only ( No Change in rate)						



Medicaid Reimbursement Per L	Diem Rates	for Non-Institut	ional Provide	ers
Vitas Healthcare Corporation - Dade County Attn: Angela Santana 100 S. Biscayne Blvd Suite 1400 Miami, FL 33131		Provider I Fiscal Y Audi	Date:	087246600 07/21/2014 N/A N/A
Provider Type:	8 +	Current Rate	New Rate	<b>Effective Date</b>
Rural Health Clinic	lv			
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider			***	
#651 Routine Home Care				
#652 Continuous Home Care	1002 - 20			
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		216.23	225.39	07/01/2014
Budget X Unaudited costs Desk audited costs Field audited costs	Rate Type:  X Prospective Total Prospective Prospective Adjusted for New Costs  Interim Total Interim Settlement based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		dell Samuel, Ad id Cost Reimbursen	ministrator	R



St. Francis Hospice		Provider Number: Date:		087255500 07/21/2014	
1250-B Grumman Place Titusville, FL 32780		Fiscal Y Audi	N/A N/A		
Provider Type:		<b>Current Rate</b>	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider		3	_8		
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board		197.37	207.58	07/01/2014	
		1 4			
Basis:	Rate Type:				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim Settlement based on costs				
Distribution: Fiscal Agent		dell Samuel, Ad id Cost Reimbursen		Ri	
Contract Management Permanent File Program Development:  For information Only ( No Change in rate)					



Hospice of the Comforter		Provider 1	Number: Date:	087256300 07/21/2014	
480 West Central Pkwy		Fiscal Y	N/A		
Altamonte Springs, FL 32714		Audit Status: N/A			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers		1			
Hospice Provider	FC - 6	l v			
#651 Routine Home Care					
#652 Continuous Home Care	30.00.00				
#655 Inpatient Respite Care					
#656 General Inpatient Care	26 N 37 - R 3				
#658 Room and Board		203.97	211.68	07/01/2014	
Basis:	Rate Type :				
Budget	X Prospectiv	e			
Unaudited costs	The state of the s	Prospective			
Desk audited costs Field audited costs	Prospec	tive Adjusted for N	ew Costs		
Medicare - Prospective	Interim		10		
Payment System Rate  X Average Nursing Home Rate	Total Inte	erim nt based on costs			
	Settlemen	t based on costs			
		dell Samuel, Adı	341	RV	
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Community Hospice of Northeast		Provider 1		087407800 07/21/2014	
4266 Sunbeam Road		Fiscal Y		N/A	
Jacksonville, FL 32257		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	<b>Effective Date</b>	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care			Community (V)		
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board		195.09	204.46	07/01/2014	
Basis:	Rate Type:			ä	
Budget	X Prospectiv	e			
Unaudited costs	-	rospective	C4-		
Desk audited costs Field audited costs	Prospec	tive Adjusted for N	ew Costs		
Medicare - Prospective	Interim				
Payment System Rate  X Average Nursing Home Rate	Total Inte				
	Settlemen	t based on costs			
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	*				
For information Only ( No Change in rate)					



Hospice of Martin & St. Lucie		Provider Number: Date:		087514700 07/21/2014	
1201 SE Indian Street		Fiscal Y	N/A		
Stuart, FL 34997		Audit Status: N/A			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider			L. China Carlo		
Federally Qualified Health Centers	œ		-117		
Hospice Provider	· · · · · · · · · · · · · · · · · · ·				
#651 Routine Home Care					
#652 Continuous Home Care	WILLIAM STATES				
#655 Inpatient Respite Care		1			
#656 General Inpatient Care					
#658 Room and Board		216.87	225.99	07/01/2014	
Basis:	Rate Type:				
Budget	X Prospectiv	e			
Unaudited costs		Prospective			
Desk audited costs Field audited costs	Prospec	ective Adjusted for New Costs			
Medicare - Prospective	Interim				
Payment System Rate	Total Inte	ever-recognistical			
X Average Nursing Home Rate	Settlemen	nt based on costs			
		dell Samuel, Ad d Cost Reimbursen		RI	
Distribution: 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 and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Hernando-Pasco Hospice, Inc.	Provider	Provider Number: Date:		
12107 Majestic Blvd.	Fiscal Y	Fiscal Year End:		
Hudson, FL 34667		Fiscal Year End: N/A Audit Status: N/A		
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care	3.			
#652 Continuous Home Care				
#655 Inpatient Respite Care			3111	
#656 General Inpatient Care			,	
#658 Room and Board	196.47	203.64	07/01/2014	
Budget X Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Int Payment System Rate	Type:  Prospective  Total Prospective  Prospective Adjusted for Neerim  Total Interim  Settlement based on costs	few Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	W. Rydell Samuel, Ad Medicaid Cost Reimbursen		R	
Tot information only (140 change in rate)				



Hospice of Palm Beach County		Provider 1	Number: Date:	087516300 07/21/2014
5300 East Avenue		Fiscal Year End:		N/A
West Palm Beach, FL 33407		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		7 x		
Swing-Bed Provider	200			
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		210.28	219.38	07/01/2014
UT.				72
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs	(I - I - I - I - I - I - I - I - I - I -	rospective		
Desk audited costs	Prospec	tive Adjusted for N	ew Costs	
Field audited costs  Medicare - Prospective	Interim			
Payment System Rate	Total Inte	rim		
X Average Nursing Home Rate	Settlemen	t based on costs		
		dell Samuel, Ad id Cost Reimbursen		R
Distribution: 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 and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Covenant Hospice, Inc		Provider 1	087517100 07/21/2014			
5041 N. 12th		Fiscal Y		N/A		
Pensacola, FL 32504		Audit Status: N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
Federally Qualified Health Centers						
Hospice Provider			2.54			
#651 Routine Home Care			/idi	W		
#652 Continuous Home Care						
#655 Inpatient Respite Care	5					
#656 General Inpatient Care				n		
#658 Room and Board		198.53	206.53	07/01/2014		
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Total P Prospect Interim Total Inte	Prospective Total Prospective Prospective Adjusted for New Costs				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		dell Samuel, Ad id Cost Reimbursen		RV		



Medicaid Reimbursement Per	Diem Rates	for Non-Institut	ional Provide	rs
North Central Florida Hospice		Provider 1	087519800	
Attn: Revenue Accounting Manager			Date:	07/21/2014
4200 NW 90th Blvd		Fiscal Y	ear End: t Status:	N/A N/A
Gainesville, FL 32606		Audi	i Status.	IV/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		193.07	202.20	07/01/2014
			· · · · · · · · · · · · · · · · · · ·	
Basis:	ate Type :			
Budget X	Prospectiv			
Unaudited costs  Desk audited costs		l Prospective pective Adjusted for New Costs		
Field audited costs	110spec	ctive Adjusted for iv	ew costs	
Medicare - Prospective	Interim			
Payment System Rate  X Average Nursing Home Rate	Total Inte			
	Settlemen	t based on costs		
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Hospice of Marion County		Provider I	Date:	087520100 07/21/2014 N/A
P.O. Box 4860 Ocala, FL 34478			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		Current Rate	New Kate	Effective Date
The control of the co	G8			
Swing-Bed Provider				
Federally Qualified Health Centers		<u> </u>		
Hospice Provider	Williams to the second	Section of the sectio	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
#651 Routine Home Care			1811 HO	
#652 Continuous Home Care		,		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	*	204.85	216.34	07/01/2014
Basis:	Rate Type :			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	X Prospective Total Prospective Prospective Adjusted for New Costs  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Administrator			
Distribution: Fiscal Agent Contract Management Permanent File		d Cost Reimbursen		
Program Development:  For information Only ( No Change in rate)				



### 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 Health First		Provider Number: 087522800 Date: 07/21/2014			
1900 Dairy Road		Fiscal Year End: N/A			
West Melbourne, FL 32904		Audit Status: N/A			
Provider Type:		Current Rate	New Rate	<b>Effective Date</b>	
Rural Health Clinic				2-31/	
Swing-Bed Provider					
Federally Qualified Health Centers			1		
Hospice Provider					
#651 Routine Home Care			2.15		
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board		204.50	211.28	07/01/2014	
Basis:	Rate Type:				
Budget	X Prospectiv	e			
Unaudited costs		Prospective			
Desk audited costs Field audited costs	Prospec	ective Adjusted for New Costs			
Medicare - Prospective	Interim				
Payment System Rate  X Average Nursing Home Rate	Total Inte				
	Settlemen	t based on costs			
		dell Samuel, Ad		RV	
Distribution: 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 and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Hospice of Volusia		Provider Number: Date:		087523600 07/21/2014	
3800 Woodbriar Trail		Fiscal Year End:		N/A	
Port Orange, FL 32129		Audit Status: N/A			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board		193.89	201.59	07/01/2014	
Basis:	Rate Type:				
Budget	X Prospectiv	e			
Unaudited costs		Prospective			
Desk audited costs Field audited costs	Prospec	ctive Adjusted for New Costs			
Medicare - Prospective	Interim				
Payment System Rate  X Average Nursing Home Rate	Total Inte				
X Average Nursing Home Rate	Settlemen	t based on costs			
	W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis				
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Big Bend Hospice		Provider 1	087524400 07/21/2014		
1723 Mahan Center Blvd.		Fiscal Y	N/A		
Tallahassee, FL 32308		Audit Status: N/A			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care				er er en somet stem er e	
#658 Room and Board		209.56	216.96	07/01/2014	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Interim Total Inte	rospective ctive Adjusted for N	ew Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen			
For information Only ( No Change in rate)					



Hospice of the Florida Keys, Inc.	6	Provider 1	Number: Date:	087525200 07/21/2014
1319 William Street		Fiscal Y		N/A
Key West, FL 33040		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider	S		ш.	
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care		F		
#658 Room and Board		230.56	224.76	07/01/2014
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs	Name and the same	rospective		
Desk audited costs Field audited costs	Prospec	tive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
Payment System Rate  X Average Nursing Home Rate	Total Inte			
A Average Nursing Home Rate	Settlemen	t based on costs		
		dell Samuel, Ad		RV
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)			ži n	



Tallahassee, Florida 32308

Hospice of Lake and Sumter		Provider 1	Number: Date:	087526100 07/21/2014
12300 Lane Park Road		Fiscal Y		N/A
Tavares, FL 32778		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	<b>Effective Date</b>
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers	*			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		197.17	207.51	07/01/2014
Basis:	Rate Type:			
Budget	X Prospectiv			
Unaudited costs  Desk audited costs		rospective tive Adjusted for N	ew Costs	
Field audited costs		, 0 1 14 1 101 1 1	•	
Medicare - Prospective	Interim			*
Payment System Rate  X Average Nursing Home Rate	Total Inte	rim t based on costs		
	Settlemen	t based on costs		
		dell Samuel, Ad		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursemen	t Per Diem Rates	s for Non-Institut	ional Provide	ers
Tidewell Hospice & Palliative Care		Provider Number: Date:		087527900 07/21/2014
5955 Rand Blvd		Fiscal Y		N/A
Sarasota, FL 34238		Audi	t Status:	N/A
Provider Type:		<b>Current Rate</b>	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care	A			
#655 Inpatient Respite Care			4	
#656 General Inpatient Care				
#658 Room and Board		211.72	221.42	07/01/2014
Basis:	Rate Type:			
Budget	X Prospectiv	ve		
Unaudited costs	Total P	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	Settlemen	at based on costs		
		dell Samuel, Ad	ministrator	R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				
Tot information only ( 140 change in rate)				



### Florida Agency for Health Care Administration

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

Medicaid Reimbursemer	it I et Diem Rates	101 Non-Institut	ionai i i oviuc	15
Hospice of the Treasure Coast		Provider 1		087528700
1001 (ID I - 1' 0 -		E:1 V	Date:	07/21/2014
1201 SE Indian St		Fiscal Y	t Status:	N/A N/A
Stuart, FL 34997		Audi	i Status.	14/21
Provider Type:		Current Rate	New Rate	<b>Effective Date</b>
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			DC.	
#656 General Inpatient Care				
#658 Room and Board		206.77	219.72	07/01/2014
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Pro	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		R. C.
For information Only ( No Change in rate)				



### 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 by the Sea		Provider 1	Number: Date:	087529500 07/21/2014	
1531 W. Palmetto Park Road		Fiscal Year End:		N/A	
Boca Raton, FL 33486		Audit Status: N/A		N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care	٨				
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board		213.45	220.61	07/01/2014	
Basis:	Rate Type:				
Budget	X Prospectiv	e			
Unaudited costs		rospective			
Desk audited costs Field audited costs	Prospec	tive Adjusted for N	ew Costs		
Medicare - Prospective	Interim				
Payment System Rate	Total Inte				
X Average Nursing Home Rate	Settlemen	t based on costs			
		dell Samuel, Ad			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



Hospice of the Florida Suncoast		Provider 1	Number: Date:	087532500 07/21/2014	
5771 Rosevelt Blvd		Fiscal Year End: N/A			
Clearwater, FL 33760		Audit Status: N/A			
Provider Type:		Current Rate	New Rate	<b>Effective Date</b>	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care	W				
#658 Room and Board		202.38	212.45	07/01/2014	
Basis:	Rate Type:				
Budget	X Prospectiv	e			
Unaudited costs		Prospective			
Desk audited costs Field audited costs	Prospec	ctive Adjusted for New Costs			
Medicare - Prospective	Interim				
Payment System Rate	Total Inte				
X Average Nursing Home Rate	Settlemen	t based on costs			
	W. Ry	dell Samuel, Ad	ministrator	RV	
Distribution: 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 and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

vieutalu Kennoursenie	iit Fei Dieiii Kates	ioi Non-Institut	ionai Provide	18
Hope Hospice & Palliative Care		Provider 1		087535000
			Date:	07/21/2014
9470 Health Park Circle		Fiscal Y		N/A
Ft. Myers, FL 33908		Audi	t Status:	N/A
Provider Type:	iA is	Current Rate	New Rate	Effective Date
Rural Health Clinic			1	
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	75 221			
#658 Room and Board		207.05	218.68	07/01/2014
Basis:	Rate Type:			
Budget	X Prospectiv			
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Payment System Rate  X Average Nursing Home Rate	Total Inte			
	Settlemen	t based on costs		
	W D	1110 1 1 1	h	RV
		dell Samuel, Ad		
	Medica	id Cost Reimbursen	ient Analysis	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only ( No Change in rate)				



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

Hospice of Citrus County	Provider 1		087536800
4005 N. Lacanto Hwy Beverly Hills, FL 34465	Date: Fiscal Year End: Audit Status:		10/06/2014 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider	A / A /		
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care	\$137.05	\$135.56	10/01/2014
#652 Continuous Home Care	33.30	32.93	10/01/2014
#655 Inpatient Respite Care	\$153.46	\$152.21	10/01/2014
#656 General Inpatient Care	\$614.70	\$608.55	10/01/2014
#658 Room and Board			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs		RV
	W. Rydell Samuel, Ad Medicaid Cost Reimburser		

#### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



Avow Hospice		Provider Number: Date:		087537600 07/21/2014
1095 Whippoorwill Lane		Fiscal Year End:		N/A
Naples, FL 34105		Audı	t Status:	N/A
Provider Type:		Current Rate	New Rate	<b>Effective Date</b>
Rural Health Clinic				
Swing-Bed Provider				,
Federally Qualified Health Centers				
Hospice Provider				72000
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		211.93	220.97	07/01/2014
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Interim Total Inter	rospective tive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Adı d Cost Reimbursem		R
For information Only ( No Change in rate)				



### 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	Number: Date:	087538400 07/23/2014
411 SE 4th Street		Fiscal Y	ear End:	N/A
Okeechobee, FL 34974		Audit Status: N/A		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		5		
Federally Qualified Health Centers				
Hospice Provider	*			
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board County:	Okeechobee	NA	241.40	07/01/2014
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospo Interim Total Int	ve Prospective ective Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		dell samuel, Adm aid Cost Reimbursen		R'



Catholic Hospice	Provider 1	Number: Date:	087569400 07/21/2014
14875 NW 77th Ave Miami Lakes, FL 33014	Fiscal Year End: Audit Status:		N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	225.46	234.96	07/01/2014
Desk audited costs Prospect Field audited costs  Medicare - Prospective Interim Payment System Rate Total Inter	rospective tive Adjusted for N	ew Costs	
	dell Samuel, Ad d Cost Reimbursen	Vet 1	R
For information Only ( No Change in rate)			



Gulfside Regional Hospice		Provider 1	Number: Date:	087570800 07/21/2014
6111 Trouble Creek Rd		Fiscal Y		N/A
New Port Richey, FL 34653		Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider			17 18 200	
#651 Routine Home Care				
#652 Continuous Home Care			A3 000011	
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		196.00	203.63	07/01/2014
	Til.			
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	tive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
Payment System Rate  X Average Nursing Home Rate	Total Inte			
A Average Nutsing Home Rate	Settlemen	t based on costs		
		dell Samuel, Ad		R
Distribution:				
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 and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

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

Hospice of Gold Coast	Provider 1	150000700 10/06/2014	
2101 W. Commercial Blvd Suite 4500	Fiscal Y	N/A	
Ft Lauderdale, FL 33309	Audi	N/A	
Provider Type:	Current Rate	<b>Effective Date</b>	
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			ATTENDED TO A A
X Hospice Provider	- 1,73		
#651 Routine Home Care	\$162.21	\$161.53	10/01/2014
#652 Continuous Home Care	39.41	39.24	10/01/2014
#655 Inpatient Respite Care	\$175.02	\$174.45	10/01/2014
#656 General Inpatient Care	\$718.81	\$716.01	10/01/2014
Budget Unaudited costs Desk audited costs	Rate Type:  X Prospective Total Prospective Prospective Adjusted for N	Jew Casts	
Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate	Interim Total Interim Settlement based on costs	iew costs	
<u>Distribution:</u>	W. Rydell Samuel, Ad Medicaid Cost Reimburser		

Contract Management
Permanent File
Program Development:

TT 1 0 .1	$\sim$ .	/ 3 T	~~1		
For information	( )mlx/ i	No.	( hange	in rate	ì
i di illidiliaddi	Omy !	TAN	CHAIR	m inc	,



Hospice Care of South Fl.		Provider 1	Number: Date:	150001500 07/21/2014	
7270 N.W. 12th St., PH#6		Fiscal Y	ear End:	N/A	
Miami, FL 33126		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider			V		
Federally Qualified Health Centers					
Hospice Provider	3				
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board		231.61	240.72	07/01/2014	
Basis:	Rate Type :				
Budget	X Prospectiv	e			
Unaudited costs		Prospective			
Desk audited costs	Prospec	ctive Adjusted for New Costs			
Field audited costs  Medicare - Prospective	Interim				
Payment System Rate	Total Inter	rim			
X Average Nursing Home Rate	Settlemen	t based on costs			
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Florida Hospital Hospice Care 770 W. Granada Blvd Suite 319		Provider I Fiscal Y	Date: ear End:	150003100 07/21/2014 N/A	
Ormond Beach, FL 32174		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers	50 S 00 S				
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care	10.705				
#656 General Inpatient Care			- J		
#658 Room and Board		207.61	215.72	07/01/2014	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	X Prospective Total Prospective Prospective Adjusted for New Costs  Interim Total Interim Settlement based on costs				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		dell Samuel, Ad id Cost Reimbursen		R	



Hospice of Emerald Coast		Provider 1	150009100 07/21/2014		
PO Box 2127		Fiscal Y	N/A		
Dothan, AL 36302		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board		196.60	207.89	07/01/2014	
Basis:	Rate Type:				
Budget	X Prospectiv	e			
Unaudited costs	-	Prospective ctive Adjusted for New Costs			
Desk audited costs Field audited costs	Prospec				
Medicare - Prospective	Interim				
Payment System Rate	Total Inte	rim			
X Average Nursing Home Rate	Settlemen	at based on costs			
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimbursement Per	r Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Vitas Healthcare Corp of Florida - Congress Ave Attn: Angela Santana 100 S. Biscayne Blvd Suite 1400 Miami, FL 33131		Provider I Fiscal Y Audi	Date:	150013900 07/21/2014 N/A N/A
Provider Type:		Current Rate	New Rate	<b>Effective Date</b>
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	i delle		W//	
#658 Room and Board		213.32	221.24	07/01/2014
Basis:	Rate Type :			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect  Interim  Total Inte	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen	ministrator	R
For information Only (No Change in rate)				



Wiedicald Reimbursement Per I	nem Rates	ior Non-Institut	ionai Provide	rs
Good Shepherd Hospice, Inc		Provider 1	150021000	
		77' 177	07/21/2014	
115 South Missouri Ave		Fiscal Y		N/A N/A
Lakeland, FL 33815		Audi	t Status:	IN/A
Provider Type:	7.3	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers			W.	
Hospice Provider				
#651 Routine Home Care	*I) - S III			
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		191.70	201.90	07/01/2014
Budget X Unaudited costs Desk audited costs Field audited costs	Prospect Interim Total Inte	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		R
For information Only ( No Change in rate)				



LifePath Hospice, Inc.		Provider 1	150022800 07/21/2014	
3010 W. Azeele Street		Fiscal Y	ear End:	N/A
Tampa, FL 33609		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				*
Federally Qualified Health Centers				
Hospice Provider	36.			
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			5 8	9.
#656 General Inpatient Care				
#658 Room and Board		198.27	208.26	07/01/2014
Basis:	Rate Type :			4
Budget	X Prospective	e		
Unaudited costs		rospective		£1
Desk audited costs	Prospec	tive Adjusted for N	ew Costs	
Field audited costs  Medicare - Prospective	Interim			
Payment System Rate	Total Inter	rim		
X Average Nursing Home Rate		t based on costs		
		dell Samuel, Adı d Cost Reimbursem	W.	RV
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				