



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

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

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

Provider Number: 000141800  
 Date: 07/21/2014  
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	191.15	199.43	07/01/2014

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

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 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

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

Provider Number: 000532400  
 Date: 07/21/2014  
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	195.05	209.14	07/01/2014

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

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 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**

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

Provider Number: 000602600  
 Date: 07/21/2014  
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	203.12	211.85	07/01/2014

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

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 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**

Odyssey Health Care Miami-Dade

Provider Number: 001572800

Date: 07/21/2014

5755 Blue Lagoon Dr Suite 170

Fiscal Year End: N/A

Miami, FL 33126

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	198.78	207.74	07/01/2014

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

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 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**

Regency Hospice of NW Florida, Inc.

Provider Number: 001636100

Date: 07/21/2014

4900 Bayou Blvd., Ste 101

Fiscal Year End: N/A

Pensacola, FL 32503

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	196.15	205.11	07/01/2014

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

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 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**

Seasons Hospice and Palliative Care of Southern FL

Provider Number: 002782200

Date: 07/21/2014

5200 Northeast 2nd Avenue

Fiscal Year End: N/A

Miami, FL 32405

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	216.58	226.59 <sup>v</sup>	07/01/2014

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

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 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**

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

Provider Number: 003694700  
 Date: 07/21/2014  
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	198.41	214.53	07/01/2014

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

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

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

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

Provider Number: 003815300  
 Date: 07/21/2014  
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	204.97	209.36	07/01/2014

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

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

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

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

Provider Number: 004244800  
 Date: 07/21/2014  
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	203.04	201.95	07/01/2014

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

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 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**

Compassionate Care Hospice of Miami Dade, Inc.  
 Compassionate Care Hospice  
 600 Highland Drive STE 624  
 Westampton, NJ 08060

Provider Number: 004579400  
 Date: 07/21/2014  
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	182.69	190.01	07/01/2014

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

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 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 I.R.C.

Provider Number: 087000500

Date: 07/21/2014

1111 36th Street

Fiscal Year End: N/A

Vero Beach, FL 32960

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	182.48	203.50	07/01/2014

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

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 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**

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

Provider Number: 087246600  
 Date: 07/21/2014  
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	216.23	225.39	07/01/2014

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

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

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

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

Provider Number: 087255500  
 Date: 07/21/2014  
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	197.37	207.58	07/01/2014

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

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 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 the Comforter

Provider Number: 087256300

Date: 07/21/2014

480 West Central Pkwy

Fiscal Year End: N/A

Altamonte Springs, FL 32714

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	203.97	211.68	07/01/2014

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

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 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**

Community Hospice of Northeast

Provider Number: 087407800

Date: 07/21/2014

4266 Sunbeam Road  
 Jacksonville, FL 32257

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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	195.09	204.46	07/01/2014

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

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 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 Martin & St. Lucie

Provider Number: 087514700

Date: 07/21/2014

1201 SE Indian Street

Fiscal Year End: N/A

Stuart, FL 34997

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	216.87	225.99	07/01/2014

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

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 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**

Hernando-Pasco Hospice, Inc.

Provider Number: 087515500

Date: 07/21/2014

12107 Majestic Blvd.

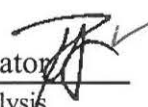
Fiscal Year End: N/A

Hudson, FL 34667

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	196.47	203.64	07/01/2014

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

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

Provider Number: 087516300  
 Date: 07/21/2014  
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	210.28	219.38	07/01/2014

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

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 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**

Covenant Hospice, Inc

Provider Number: 087517100

5041 N. 12th

Date: 07/21/2014

Pensacola, FL 32504

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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	198.53	206.53	07/01/2014

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

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 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**

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

Provider Number: 087519800  
 Date: 07/21/2014  
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	193.07	202.20	07/01/2014

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

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 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 Marion County

Provider Number: 087520100

Date: 07/21/2014

P.O. Box 4860

Fiscal Year End: N/A

Ocala, FL 34478

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	204.85	216.34	07/01/2014

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

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 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 Health First

Provider Number: 087522800

1900 Dairy Road

Date: 07/21/2014

West Melbourne, FL 32904

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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	204.50	211.28	07/01/2014

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

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 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 Volusia

Provider Number: 087523600

3800 Woodbriar Trail

Date: 07/21/2014

Port Orange, FL 32129

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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	193.89	201.59	07/01/2014

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

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 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**

Big Bend Hospice

Provider Number: 087524400

Date: 07/21/2014

1723 Mahan Center Blvd.

Fiscal Year End: N/A

Tallahassee, FL 32308

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	209.56	216.96	07/01/2014

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

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 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 the Florida Keys, Inc.

Provider Number: 087525200

Date: 07/21/2014

1319 William Street  
 Key West, FL 33040

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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	230.56	224.76	07/01/2014

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

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 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 Lake and Sumter

Provider Number: 087526100

Date: 07/21/2014

12300 Lane Park Road

Fiscal Year End: N/A

Tavares, FL 32778

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	197.17	207.51	07/01/2014

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

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 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**

Tidewell Hospice & Palliative Care

Provider Number: 087527900

Date: 07/21/2014

5955 Rand Blvd

Fiscal Year End: N/A

Sarasota, FL 34238

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	211.72	221.42	07/01/2014

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

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 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 the Treasure Coast

Provider Number: 087528700

1201 SE Indian St  
 Stuart, FL 34997

Date: 07/21/2014

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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	206.77	219.72	07/01/2014

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

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 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 by the Sea

Provider Number: 087529500

Date: 07/21/2014

1531 W. Palmetto Park Road  
 Boca Raton, FL 33486

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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	213.45	220.61	07/01/2014

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

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 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 the Florida Suncoast

Provider Number: 087532500

5771 Roosevelt Blvd  
 Clearwater, FL 33760

Date: 07/21/2014

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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	202.38	212.45	07/01/2014

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

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 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**

Hope Hospice & Palliative Care

Provider Number: 087535000

9470 Health Park Circle  
 Ft. Myers, FL 33908

Date: 07/21/2014

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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	207.05	218.68	07/01/2014

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

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 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 Citrus County	Provider Number: 087536800
	Date: 10/06/2014
4005 N. Lacanto Hwy	Fiscal Year End: N/A
Beverly Hills, FL 34465	Audit Status: N/A

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

**Basis:**

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

**Rate Type :**

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**Distribution:**

- Fiscal Agent
- 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**

Avow Hospice

Provider Number: 087537600

Date: 07/21/2014

1095 Whippoorwill Lane

Fiscal Year End: N/A

Naples, FL 34105

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	211.93	220.97	07/01/2014

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

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 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 Okeechobee

Provider Number: 087538400

411 SE 4th Street

Date: 07/23/2014

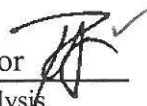
Okeechobee, FL 34974

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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board County : Okeechobee	NA	241.40	07/01/2014

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

Catholic Hospice

Provider Number: 087569400

14875 NW 77th Ave

Date: 07/21/2014

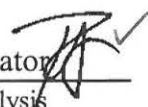
Miami Lakes, FL 33014

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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	225.46	234.96	07/01/2014

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

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 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**

Gulfside Regional Hospice

Provider Number: 087570800

6111 Trouble Creek Rd

Date: 07/21/2014

New Port Richey, FL 34653

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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	196.00	203.63	07/01/2014

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

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

Provider Number: 150000700  
 Date: 10/06/2014  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$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
#658 Room and Board			

**Basis:**

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

**Rate Type :**

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**Distribution:**

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

Provider Number: 150001500  
 Date: 07/21/2014  
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	231.61	240.72	07/01/2014

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

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 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**

Florida Hospital Hospice Care

Provider Number: 150003100

Date: 07/21/2014

770 W. Granada Blvd Suite 319

Fiscal Year End: N/A

Ormond Beach, FL 32174

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	207.61	215.72	07/01/2014

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

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 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 Emerald Coast

Provider Number: 150009100

Date: 07/21/2014

PO Box 2127

Fiscal Year End: N/A

Dothan, AL 36302

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	196.60	207.89	07/01/2014

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

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 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**

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

Provider Number: 150013900  
 Date: 07/21/2014  
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	213.32	221.24	07/01/2014

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

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 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**

Good Shepherd Hospice, Inc

Provider Number: 150021000

Date: 07/21/2014

115 South Missouri Ave

Fiscal Year End: N/A

Lakeland, FL 33815

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	191.70	201.90	07/01/2014

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

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 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**

LifePath Hospice, Inc.

Provider Number: 150022800

Date: 07/21/2014

3010 W. Azeele Street

Fiscal Year End: N/A

Tampa, FL 33609

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	198.27	208.26	07/01/2014

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

For information Only ( No Change in rate)