



Florida Agency for Health Care Administration

000141800 - 2015/09

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.

Provider Number : 000141800

Heartland Home Health Care and Hospice

Date : 08/26/2015

8130 Baymeadows Way W

Fiscal Year End : N/A

Jacksonville, FL 322564409

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health clinic			
<input type="checkbox"/> Swing-Bed provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board	202.09	200.21 ✓	09/01/2015

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Budget</td></tr> <tr><td><input type="checkbox"/></td><td>Unaudited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Desk audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Field audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Payment System Rate</td></tr> <tr><td><input type="checkbox"/></td><td>Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Total Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/></td><td>Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Total Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Settlement based on costs</td></tr> </tbody> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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Florida Agency for Health Care Administration

000532400 - 2015/09

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 : 08/26/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider (marked with X), #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board (with rates 209.95 and 206.28).

Form with two sections: Basis (with X next to Payment System Rate) and Rate Type (with X next to Prospective).

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Florida Agency for Health Care Administration

000602600 - 2015/09

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
Miami, FL 33131

Provider Number : 000602600
Date : 08/26/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider (marked with X), #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board (211.82, 209.81, 09/01/2015).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate (X)) and Rate Type (Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs). Includes handwritten text 'BREVARD'.

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration

001572800 - 2015/09

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 : 08/26/2015

5755 Blue Lagoon Dr

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

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

216.20

214.13 ✓

09/01/2015

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

Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Florida Agency for Health Care Administration

001636100 - 2015/09

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 : 08/26/2015

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

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

204.47

201.27



09/01/2015

Form with two columns: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate) and Rate Type (X 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

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

002782200 - 2015/09

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

5200 Northeast 2nd Avenue

Date : 08/26/2015

Miami, FL 32405

Fiscal Year End : N/A

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes (#651-#658) with rates and effective dates.

Form with two sections: Basis (listing Budget, Unaudited costs, etc.) and Rate Type (listing Prospective, Total Prospective, etc.). Includes handwritten 'DADE' and checkboxes.

Signature of 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

003815300 - 2015/09

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 333242695

Provider Number : 003815300
Date : 08/26/2015
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

X Hospice Provider

- #651 Routine Home Care
#652 Continuous Home Care
#655 Inpatient Respite Care
#656 General Inpatient Care
#658 Room and Board

213.59 210.00 09/01/2015

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), 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

004244800 - 2015/09

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 330306047

Provider Number : 004244800
Date : 08/26/2015
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 Centres

X Hospice Provider

- #651 Routine Home Care
#652 Continuous Home Care
#655 Inpatient Respite Care
#656 General Inpatient Care
#658 Room and Board

207.16 198.31 09/01/2015

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

004579400 - 2015/09

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 080605124

Provider Number : 004579400
Date : 08/26/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes (#651-#658) with rates and effective dates.

Form with two sections: Basis (listing options like Budget, Unaudited costs, Medicare - Prospective, etc.) and Rate Type (listing options like Prospective, Total Prospective, etc.). Includes handwritten 'POLY' and 'X' marks.

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

013656100 - 2015/09

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 Hospice

Provider Number : 013656100

Wuesthoff Health System Hospice

Date : 08/26/2015

8060 Spyglass Rd.

Fiscal Year End : N/A

Viera, FL 32940

Audit Status : N/A

Provider Type:

Current Rate

New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

209.81 ✓ 09/01/2015

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

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

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Program Development:

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Florida Agency for Health Care Administration

014043700 - 2015/09

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
HPH Hospice
12107 Majestic Blvd
Hudson, FL

Provider Number : 014043700
Date : 08/26/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes (#651-#658) with rates and effective dates.

Form with two columns: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), 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

014190000 - 2015/09

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 and the Florida Keys

Provider Number : 014190000

Date : 08/26/2015

200 Lanidex Plz Ste 2101

Fiscal Year End : N/A

Parsippany, NJ 07054-2746

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

225.21 09/01/2015

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate (X), and DADÉ. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

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Program Development:

For information Only (No Change in rate)



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

015328000 - 2015/09

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care Broward FL LLC

Provider Number : 015328000

1815 Griffin Rd Ste 410

Date : 08/26/2015

Dania Beach, Fl 33004

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

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

223.42 ✓ 09/01/2015

<table border="1"> <tr> <th align="left" colspan="2">Basis :</th> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td colspan="2" style="text-align: center;">BROWARD</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input checked="" type="checkbox"/>	Average Nursing Home Rate	BROWARD		<table border="1"> <tr> <th align="left" colspan="2">Rate Type :</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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W W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Florida Agency for Health Care Administration

087000500 - 2015/09

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.
1111 36th Street
Vero Beach, FL 32960
Provider Number : 087000500
Date : 08/26/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care levels (#651-#658) with rates and effective dates.

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and 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

087246600 - 2015/09

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

Provider Number : 087246600

Attn: Angela Santana

Date : 08/26/2015

100 S. Biscayne Blvd

Fiscal Year End : N/A

Miami, FL 33131

Audit Status : N/A

Provider Type:

Current Rate

New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

226.75

225.21 ✓

09/01/2015

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;"><i>DADE</i></p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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RW 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

087255500 - 2015/09

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Francis Hospice

 1250-B Grumman Place
 Titusville, FL 32780

Provider Number : 087255500
 Date : 08/26/2015
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health clinic			
<input type="checkbox"/> Swing-Bed provider			
<input type="checkbox"/> Federally Qualified Health Centres			
<input checked="" type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board	208.33	206.55 ✓	09/01/2015

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Basis :</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Budget</td></tr> <tr><td><input type="checkbox"/></td><td>Unaudited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Desk audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Field audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Payment System Rate</td></tr> <tr><td><input type="checkbox"/></td><td>Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Rate Type :</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Total Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/></td><td>Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Total Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Settlement based on costs</td></tr> </tbody> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
Basis :																															
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Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
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087256300 - 2015/09

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Comforter
 480 West Central Pkwy
 Altamonte Springs, FL 327143125

Provider Number : 087256300
 Date : 08/26/2015
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health clinic			
<input type="checkbox"/> Swing-Bed provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board	215.91	212.28 ✓	09/01/2015

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Basis :</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Rate Type :</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </tbody> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

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087407800 - 2015/09

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hospice of Northeast

Provider Number : 087407800

4266 Sunbeam Road

Date : 08/26/2015

Jacksonville, FL 32257

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

	Current Rate	New Rate	Effective Date
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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

208.54

209.06 ✓

09/01/2015

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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	

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Florida Agency for Health Care Administration

087514700 - 2015/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Martin & St. Lucie

Provider Number : 087514700

Date : 08/26/2015

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

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

227.43

227.82

09/01/2015

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

087515500 - 2015/09

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hemando-Pasco Hospice, Inc.

Provider Number : 087515500

12107 Majestic Blvd.

Date : 08/26/2015

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

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

206.41

205.20



09/01/2015

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Signature of W. Rydell Samuel

W. Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

087516300 - 2015/09

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Palm Beach County

Provider Number : 087516300

5300 East Avenue

Date : 08/26/2015

West Palm Beach, FL 33407

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

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

222.77

221.08

09/01/2015

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Florida Agency for Health Care Administration

087517100 - 2015/09

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Covenant Hospice, Inc

Provider Number : 087517100

5041 N. 12th

Date : 08/26/2015

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

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

207.69

206.03



09/01/2015

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W.Rydell Samuel, Administrator

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Program Development:

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Florida Agency for Health Care Administration

087519800 - 2015/09

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Central Florida Hospice

Provider Number : 087519800

Attn: Revenue Accounting Manager

Date : 08/26/2015

4200 NW 90th Blvd

Fiscal Year End : N/A

Gainesville, FL 326063809

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

216.37 211.31 ✓ 09/01/2015

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

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For information Only (No Change in rate)



Florida Agency for Health Care Administration

087520100 - 2015/09

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 : 08/26/2015

P.O. Box 4860

Fiscal Year End : N/A

Ocala, FL 344784860

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

211.75

207.85

09/01/2015

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

087522800 - 2015/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Health First

Provider Number : 087522800

1900 Dairy Road

Date : 08/26/2015

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

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

219.74 218.62 09/01/2015

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Medicaid Cost Reimbursement Analysis

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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 Tallahassee, Florida 32308

087523600 - 2015/09

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Volusia 3800 Woodbriar Trail Port Orange, FL 32129	Provider Number : 087523600 Date : 08/26/2015 Fiscal Year End : N/A Audit Status : N/A
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Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health clinic			
<input type="checkbox"/> Swing-Bed provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board	208.83	213.26 ✓	09/01/2015

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Budget</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Unaudited costs</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Desk audited costs</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Field audited costs</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Medicare - Prospective</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Payment System Rate</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Average Nursing Home Rate</td> <td></td> </tr> </table>	Basis :		<input type="checkbox"/> Budget		<input type="checkbox"/> Unaudited costs		<input type="checkbox"/> Desk audited costs		<input type="checkbox"/> Field audited costs		<input type="checkbox"/> Medicare - Prospective		<input checked="" type="checkbox"/> Payment System Rate		<input type="checkbox"/> Average Nursing Home Rate		<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Prospective</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Total Prospective</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Prospective Adjusted for New costs</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Interim</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Total Interim</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Settlement based on costs</td> <td></td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/> Prospective		<input type="checkbox"/> Total Prospective		<input type="checkbox"/> Prospective Adjusted for New costs		<input type="checkbox"/> Interim		<input type="checkbox"/> Total Interim		<input type="checkbox"/> Settlement based on costs	
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 Tallahassee, Florida 32308

087524400 - 2015/09

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Big Bend Hospice

 1723 Mahan Center Blvd.
 Tallahassee, FL 323085428

Provider Number : 087524400
 Date : 08/26/2015
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:

- Rural Health clinic
- Swing-Bed provider
- Federally Qualified Health Centers
- X Hospice Provider**

Current Rate New Rate Effective Date

#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	214.31	211.75 ✓	09/01/2015

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td>X _____</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td>_____</td> <td>X Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		_____	X Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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W W.Rydell Samuel, Administrator
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Florida Agency for Health Care Administration

087525200 - 2015/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Florida Keys, Inc.

Provider Number : 087525200

1319 William Street

Date : 08/26/2015

Key West, FL 330404736

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

227.62 216.05 ✓ 09/01/2015

<table border="1"> <tr> <th colspan="2">Basis :</th> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<table border="1"> <tr> <th colspan="2">Rate Type :</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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<input type="checkbox"/>	Settlement based on costs																														

W W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

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Florida Agency for Health Care Administration

087526100 - 2015/09

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

12300 Lane Park Road

Date : 08/26/2015

Tavares, FL 32778

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

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

211.03

209.54

09/01/2015

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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087527900 - 2015/09

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

5955 Rand Blvd

Date : 08/26/2015

Sarasota, FL 34238

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

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

225.38

224.10 ✓

09/01/2015

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;"><i>SARASOTA</i></p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

087528700 - 2015/09

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

Date : 08/26/2015

1201 SE Indian St

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

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

217.90 215.84 09/01/2015

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

Medicaid Cost Reimbursement Analysis

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

087529500 - 2015/09

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

1531 W. Palmetto Park Road

Date : 08/26/2015

Boca Raton, FL 334863395

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

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

221.78 222.02 09/01/2015

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (selected), and Average Nursing Home Rate. Rate Type options include Prospective (selected), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087532500 - 2015/09

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

Date : 08/26/2015

Clearwater, FL 337603770

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

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

214.35

211.76

09/01/2015

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"/>	Interim
<input type="checkbox"/>	Medicare - Prospective	<input type="checkbox"/>	Total Interim
<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Settlement based on costs
<input type="checkbox"/>	Average Nursing Home Rate		

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087535000 - 2015/09

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

Date : 08/26/2015

9470 Health Park Circle

Fiscal Year End : N/A

Ft. Myers, FL 339083617

Audit Status : N/A

Provider Type:

Current Rate

New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

217.26

218.50 ✓

09/01/2015

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

Medicaid Cost Reimbursement Analysis

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

087536800 - 2015/09

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
PO Box 641270
Beverly Hills, FL 34464

Provider Number : 087536800
Date : 08/26/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes (#651-#658) with rates and effective dates.

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and 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

087537600 - 2015/09

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

1095 Whippoorwill Lane

Date : 08/26/2015

Naples, FL 34105

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate	New Rate	Effective Date
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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

222.93	218.86 ✓	09/01/2015
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<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </tbody> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Okeechobee

 411 SE 4th Street
 Okeechobee, FL 34974

Provider Number : 087538400
 Date : 08/26/2015
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health clinic			
<input type="checkbox"/> Swing-Bed provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board	245.78	251.89 ✓	09/01/2015

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> </table> <p style="text-align: center; margin-top: 10px;"><i>OKEECHOBEE</i></p>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input checked="" type="checkbox"/>	Average Nursing Home Rate	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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<input type="checkbox"/>	Unaudited costs																														
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W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087569400 - 2015/09

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

Date : 08/26/2015

14875 NW 77th Ave

Fiscal Year End : N/A

Miami Lakes, FL 33014

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health clinic			
<input type="checkbox"/> Swing-Bed provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board	234.92	233.65 ✓	09/01/2015

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Budget</td></tr> <tr><td><input type="checkbox"/></td><td>Unaudited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Desk audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Field audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Payment System Rate</td></tr> <tr><td><input type="checkbox"/></td><td>Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Total Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/></td><td>Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Total Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Settlement based on costs</td></tr> </tbody> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
Basis :																															
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<input type="checkbox"/>	Average Nursing Home Rate																														
Rate Type :																															
<input checked="" type="checkbox"/>	Prospective																														
<input type="checkbox"/>	Total Prospective																														
<input type="checkbox"/>	Prospective Adjusted for New costs																														
<input type="checkbox"/>	Interim																														
<input type="checkbox"/>	Total Interim																														
<input type="checkbox"/>	Settlement based on costs																														

R. W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration

087570800 - 2015/09

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

Date : 08/26/2015

6111 Trouble Creek Rd

Fiscal Year End : 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

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

206.93

201.21

09/01/2015

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

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

150000700 - 2015/09

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 Number : 150000700

Date : 08/26/2015

2101 W. Commercial Blvd

Fiscal Year End : N/A

Ft Lauderdale, FL 33309

Audit Status : N/A

Provider Type:

Current Rate

New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

217.97

214.40 ✓

09/01/2015

<table border="1"> <tr><td>Basis :</td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td>Rate Type :</td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Settlement based on costs																

W W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

150001500 - 2015/09

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.

Provider Number : 150001500

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

Date : 08/26/2015

Miami, FL 33126

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

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

244.87 244.83 09/01/2015

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

150003100 - 2015/09

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

770 W. Granada Blvd

Date : 08/26/2015

Ormond Beach, FL 32174

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate

New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

227.07

225.22 ✓

09/01/2015

<table border="1"> <tr><td>Basis :</td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td>Rate Type :</td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

150009100 - 2015/09

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

PO Box 2127

Date : 08/26/2015

Dothan, AL 36302

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

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

207.79

208.09

09/01/2015

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

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

150013900 - 2015/09

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

Provider Number : 150013900

Attn: Angela Santana

Date : 08/26/2015

100 S. Biscayne Blvd

Fiscal Year End : N/A

Miami, FL 33131

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

225.22 225.21 ✓ 09/01/2015

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

150021000 - 2015/09

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

115 South Missouri Ave

Date : 08/26/2015

Lakeland, FL 33815

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

X Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

207.18

206.44

09/01/2015

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

150022800 - 2015/09

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 : 08/26/2015
3010 W. Azelee Street	Fiscal Year End : N/A
Tampa, FL 33609	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health clinic			
<input type="checkbox"/> Swing-Bed provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board	214.60	212.77 ✓	09/01/2015

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Budget</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Unaudited costs</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Desk audited costs</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Field audited costs</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Medicare - Prospective</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Payment System Rate</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Average Nursing Home Rate</td> <td></td> </tr> </table>	Basis :		<input type="checkbox"/> Budget		<input type="checkbox"/> Unaudited costs		<input type="checkbox"/> Desk audited costs		<input type="checkbox"/> Field audited costs		<input type="checkbox"/> Medicare - Prospective		<input checked="" type="checkbox"/> Payment System Rate		<input type="checkbox"/> Average Nursing Home Rate		<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Prospective</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Total Prospective</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Prospective Adjusted for New costs</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Interim</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Total Interim</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Settlement based on costs</td> <td></td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/> Prospective		<input type="checkbox"/> Total Prospective		<input type="checkbox"/> Prospective Adjusted for New costs		<input type="checkbox"/> Interim		<input type="checkbox"/> Total Interim		<input type="checkbox"/> Settlement based on costs	
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