

	<u>Medicald Reimbursemen</u>	it Per Diem Kates			
HCR Manor Care Ser	•		Provider 1		000141800
Heartland Home Hear	•				07/02/2010
8130 Baymeadows W	yay W Suite		Fiscal Year End: N/A		
Jacksonville, FL 32	256		Audi	t Status:	N/A
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health C	Clinic				
Swing-Bed Pro	vider				
Federally Qual	ified Health Centers				
X Hospice Provid				·	
#651 Routing					
	uous Home Care			***************************************	
	nt Respite Care				
	l Inpatient Care				
#659 Room a	and Board		\$186.42	\$187.87	07/01/2010
Basis:		Rate Type:			
Budget		X Prospectiv	'e		
Unaudited co	sts	Total P	rospective		
Desk audited	costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited					
Medicare - Pr		Interim			
Payment Syst  X Average Nurs	ing Home Rate	Total Inte			
	mg rrome reac	Settlemer	nt based on costs		
		W Ds	dell Samuel, Ad	ministrator	<b>R</b> /
			id Cost Reimbursen		<del> </del>
		Wiedie	nd Cost Kennoursen	item z triary sąs	
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development	:				
1,0g 20,010pm					
For information	Only (No Change in rate)				



		for Non-Institut		
Samaritan Care Hospice of Osceola, LLC		Provider Number:		000532400
Samaritan Care Hospice		Figeal V	Date: ear End:	07/02/2010
1300 North Semoran Blvd., Ste 210			it Status:	N/A N/A
Orlando, FL 32807		1100	. Status.	14/21
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Center	<u>.</u> 8			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$191.05	\$193.80	07/01/2010
Basis:	Rate Type :			- W-
Budget	X Prospectiv	ve .		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
Payment System Rate	Total Inte	erim		
X Average Nursing Home Rate	MULES	nt based on costs		
	Marian Marian	ydell Samuel, Ad aid Cost Reimburser		R
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				

07/01/2010



### Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 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: Date: Fiscal Year End: Audit Status:		000602600 07/02/2010 N/A N/A	
Provider Type:	Current Rate	New Rate	Effective Dat	
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				

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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

\$193.12

\$195.61

#### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)

#651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care

#659 Room and Board



Odyssey Health Care Miami-Dade		Provider Number:		001572800	
5755 Dhua I agaan Dr. Cuita 170		Fiscal Y	Date:	07/02/2010 N/A	
5755 Blue Lagoon Dr Suite 170 Miami, FL 33126			t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Center	rs			Alle	
X Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board		\$194.61	\$199.07	07/01/2010	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N	ew Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad aid Cost Reimbursen		R.	



Regency Hospice of NW Florida, Inc.		Provider 1	Number: Date:	001636100 07/02/2010
4900 Bayou Blvd., Ste 101		Fiscal Y		N/A
Pensacola, FL 32503		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				1
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				
#659 Room and Board County: F	Escambia	\$190.82	\$193.94	07/01/2010
			77 (00000000000000000000000000000000000	
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective	_	
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemer	t based on costs	<b></b>	
		rdell Samuel, Ad		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Hospice of I.R.C.		Provider Number: Date:		087000500 07/02/2010
1111 36th Street		Fiscal Y		N/A
Vero Beach, FL 32960		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers			***************************************	
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$190.44	\$195.63	07/01/2010
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs	***************************************	rospective		
Desk audited costs Field audited costs	Prospec	tive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			and the second second
Payment System Rate	Total Inte			
X Average Nursing Home Rate	Settlemer	t based on costs		
		dell Samuel, Ad		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)		•		



Medicaid Reimbursein	ent I el Dieni Ka			
Vitas Healthcare Corporation - Dade County		Provider 1		087246600
Attn: Angela Santana		Fiscal Y	Date:	07/02/2010
100 S. Biscayne Blvd Suite 1400			it Status:	N/A N/A
Miami, FL 33131		Aug	n 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	<b>##</b>			
#655 Inpatient Respite Care				
#656 General Inpatient Care	Value 100 -			-
#659 Room and Board		\$201.63	\$203.80	07/01/2010
Basis:	Rate Type	e :		
Budget	X Prospe	active		
Unaudited costs		al Prospective		
Desk audited costs	-	spective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Payment System Rate		Interim		
X Average Nursing Home Rate	Settle	ment based on costs		
			1	<b>W</b>
	***************************************	Rydell Samuel, Ad		
	Me	dicaid Cost Reimburser	nent Analysis	4
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Trogram Development.				
For information Only ( No Change in rate)				
Tot information only ( No change in rate)				



	Medicaid Reimburseme	nt Per Diem Rates			<u>rs</u>
St. Francis Hospice	<del>)</del>		Provider 1		087255500
				Date:	07/02/2010
1250-B Grumman	Place		Fiscal Year End:		N/A
Titusville, FL 327	780		Audi	t Status:	N/A
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health	Clinic				·
Swing-Bed P	rovider				
Federally Qu	ualified Health Centers				
X Hospice Prov	rider				
#651 Rout	ine Home Care				·
#652 Conti	inuous Home Care			1111	
#655 Inpat	tient Respite Care				
#656 Gene	ral Inpatient Care				
#659 Roon	n and Board		\$184.39	\$192.57	07/01/2010
Basis:		Rate Type:			
Budget		X Prospectiv	P		
Unaudited	costs		rospective		
Desk audit	1		tive Adjusted for N	ew Costs	
Field audit	ed costs				
	Prospective	Interim			
	system Rate ursing Home Rate	Total Inte			
A Average N	IIshig Home Rate	Settlemer	t based on costs		
					R/
			dell Samuel, Ad		1
		Medica	id Cost Reimbursen	nent Analysis	
Distribution:					
Fiscal Agent					
Contract Manageme	ent				
Permanent File	4				
Program Developm	ciii.				
The fire of	on Only (No Change in mate)				
For information	on Only ( No Change in rate)				



Hospice of the Comforter		Provider 1	Number: Date:	087256300 07/02/2010
480 West Central Pkwy		Fiscal Year End: N/A		
Altamonte Springs, FL 32714		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$192.82	\$194.84	07/01/2010
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	tive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
Payment System Rate  X Average Nursing Home Rate	Total Inte			
A Average (Valsing Home Nate	Settlemen	t based on costs	, and the same of	
		dell Samuel, Ad		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



<u>Medicaid Reimbu</u>	irsement Per Diem Rates	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community Hospice of Northeast	Community Hospice of Northeast		Provider Number:	
4266 Co. L		Fieral V	Date: ear End:	07/02/2010 N/A
4266 Sunbeam Road			it Status:	N/A N/A
Jacksonville, FL 32257				- ***
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Cent	ers			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$186.70	\$190.06	07/01/2010
Basis:	Rate Type :			
Budget	X Prospectiv			
Unaudited costs  Desk audited costs	****	Prospective ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Payment System Rate  X Average Nursing Home Rate	Total Inte	erim  nt based on costs		
	Settlemen	it based on costs		
	*** 5		$-\frac{1}{k}$	R.
		ydell Samuel, Ac aid Cost Reimburser		<del>                                     </del>
	Medica	iid Cost Reinibulsel	nent Analysis	
<u>Distribution:</u>				
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 Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Medicaid Reimbursem	ent Fer Diem Kates			
Hospice Care of S.E. Florida		Provider 1	Number: Date:	087473600 07/02/2010
309 S.E. 18th Street		Fiscal Y		N/A
Ft. Lauderdale, FL 33316		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			11011 ARRED	Ziioti to Date
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			-	
#659 Room and Board		\$194.49	\$198.21	07/01/2010
		<u> </u>		
Basis:	Rate Type:			
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Desk audited costs Field audited costs Medicare - Prospective Payment System Rate	Prospe  Interim  Total Inte	ctive Adjusted for N		
		id Cost Reimburser		
	Medica	iid Cost Reimburser	nent Anarysp	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				

Report Calculated: 7/2/2010 12:28:55PM Report Printed: 7/2/2010



Medicaid Reimbursem	ent Per Diem Rates	tor Non-Institut	ionai Provide	<u>rs</u>
Hospice of Martin & St. Lucie		Provider Number: 087514700		
			Date:	07/02/2010
1201 SE Indian Street		Fiscal Y		N/A
Stuart, FL 34997		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			,	
#659 Room and Board		\$197.53	\$202.57	07/01/2010
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectivePayment System RateXAverage Nursing Home Rate	Prospective Prospe	rospective . ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimbursen		
For information Only ( No Change in rate)				



Hernando-Pasco Hospice, Inc.		Provider 1	Number: Date:	087515500 07/02/2010	
12107 Majestic Blvd. Hudson, FL 34667		Fiscal Y Audi		N/A 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					
#659 Room and Board		\$187.41	\$190.07	07/01/2010	
Basis:	Rate Type:				
Budget	X Prospectiv	e			
Unaudited costs	***************************************	Prospective			
Desk audited costs Field audited costs	Prospec	pective Adjusted for New Costs			
Medicare - Prospective	Interim				
Payment System Rate  X Average Nursing Home Rate	Total Inte	terim ent based on costs			
	Settlemen	t based on costs			
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimbursement Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>		
Hospice of Palm Beach County	Provider Number: Date:		087516300 07/02/2010		
5300 East Avenue	Fiscal Y	ear End:	N/A		
West Palm Beach, FL 33407	Audi	t Status:	N/A		
Provider Type:	Current Rate	New Rate	Effective Date		
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
X Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board	\$203.06	\$205.95	07/01/2010		
Basis: Rate Type :					
Budget X Prospectiv	ve				
	Prospective	<u>^</u>			
The state of the s	ctive Adjusted for N	ew Costs			
Field audited costs					
Medicare - Prospective Interim Payment System Rate Total Interim	arim				
Y TI	nt based on costs				
	ydell Samuel, Ad aid Cost Reimbursen		R		
For information Only ( No Change in rate)					



### Florida Agency for Health Care Administration

### State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Covenant Hospice, Inc			Provider 1	Number: Date:	087517100 07/02/2010
5041 N. 12th		Fiscal Y	N/A		
Pensacola, FL 32504			Audi	t Status:	N/A
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
X Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care				-	
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board			\$186.42	\$187.96	07/01/2010
Basis:	Ra	te Type :			
Budget	X	Prospectiv	re		
Unaudited costs	,	Total P	rospective		
Desk audited costs	***************************************	Prospec	ective Adjusted for New Costs		
Field audited costs  Medicare - Prospective		Interim			
Payment System Rate		Total Inte	rim		
X Average Nursing Home Rate		Settlemer	t based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			vdell Samuel, Ad id Cost Reimbursen		P.
For information Only ( No Change in rate)					



Wuesthoff Health Services, Inc.		Provider Number: 087518000 Date: 07/02/2010			
8060 Spyglass Hill Rd		Fiscal Year End: N/A			
Melbourne, FL 32940		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider				,	
Federally Qualified Health Centers					
X Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board		\$194.74	\$198.94	07/01/2010	
Basis:	Rate Type :	***************************************	11111		
Budget	X Prospectiv	e			
Unaudited costs		Prospective			
Desk audited costs Field audited costs	Prospec	ective Adjusted for New Costs			
Medicare - Prospective	Interim	rim			
Payment System Rate X Average Nursing Home Rate	Total Inte				
A Average Nursing Home Rate	Settlemen	t based on costs	A		
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)					
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### Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis

2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

North Central Florida Hospice Attn: Revenue Accounting Manager 4200 NW 90th Blvd Gainesville, FL 32606		Provider I Fiscal Y Audi	Date:	087519800 07/02/2010 N/A 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				
#659 Room and Board	<u> </u>	\$189.13	\$191.58	07/01/2010
Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Pro	rospective tive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		dell Samuel, Ad id Cost Reimbursen		



Hospice of Marion County		Provider Number: 087520100 Date: 07/02/2010			
P.O. Box 4860		Fiscal Y		07/02/2010 N/A	
Ocala, FL 34478			t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		Current Rate	Tiew Rate	Encure Date	
Swing-Bed Provider					
Federally Qualified Health Centers					
X Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care	***				
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board		\$194.37	\$198.32	07/01/2010	
Basis:	Rate Type:				
Budget	X Prospectiv	⁄е			
Unaudited costs	Total F	Prospective			
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs		
Field audited costs  Medicare - Prospective	Interim				
Payment System Rate	Total Inte	erim			
X Average Nursing Home Rate		ent based on costs			
		vdell Samuel, Ad		K	
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Hospice of Health First		Provider Number: 087522800 Date: 07/02/2010			
1900 Dairy Road		Fiscal Year End: N/A			
West Melbourne, FL 32904		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					
#659 Room and Board		\$196.01	\$198.80	07/01/2010	
Basis:	Rate Type:			,	
Budget	X Prospectiv	e			
Unaudited costs		Prospective			
Desk audited costs Field audited costs	Prospec	ective Adjusted for New Costs			
Medicare - Prospective	Interim				
Payment System Rate  X Average Nursing Home Rate	Total Inte				
Average Nuising Home Rate	Settlemen	t based on costs			
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in rate)					



Hospice of Volusia		Provider I	Number: Date:	087523600 07/02/2010	
3800 Woodbriar Trail		Fiscal Y	ear End:	N/A	
Port Orange, FL 32129		Audit Status: N/A		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					
#659 Room and Board		\$188.44	\$190.93	07/01/2010	
		- BATTER WAY			
Basis:	Rate Type:				
Budget	X Prospectiv	e			
Unaudited costs		Prospective			
Desk audited costs Field audited costs	Prospec	ective Adjusted for New Costs			
Medicare - Prospective	Interim				
Payment System Rate  X Average Nursing Home Rate	Total Inte				
A Average rousing from rate	Settlemer	t based on costs			
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



Big Bend Hospice				087524400 07/02/2010
1723 Mahan Center Blvd.		Fiscal Year End: N/A		
Tallahassee, FL 32308		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				·
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$197.11	\$198.87	07/01/2010
Budget Unaudited costs Desk audited costs		re rospective ctive Adjusted for N	ew Costs	
Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Payment System Rate Total Interim			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	<u></u>	dell Samuel, Ad id Cost Reimbursen		R.
For information Only ( No Change in rate)				



Hospice of the Florida Keys, Inc.	Provider Number: 087525200				
1210 W. W. G.		Fiscal Y	Date:	07/02/2010 N/A	
1319 William Street			t Status:	N/A N/A	
Key West, FL 33040					
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				·	
#659 Room and Board		\$177.19	\$181.76	07/01/2010	
Basis:	Rate Type :				
Budget	X Prospecti	ve			
Unaudited costs		Prospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective Payment System Rate	Interim				
X Average Nursing Home Rate	Total Int	ent based on costs			
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



Hospice of Lake and Sumter		Provider Number: 087526100 Date: 07/02/2010			
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					
X Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board		\$192.87	\$195.56	07/01/2010	
Basis:	Rate Type :				
Budget	X Prospectiv	e			
Unaudited costs		Prospective			
Desk audited costs Field audited costs	Prospec	ective Adjusted for New Costs			
Medicare - Prospective	Interim				
Payment System Rate  X Average Nursing Home Rate	Total Inte				
A Average Nuising Home Rate	Settlemen	t based on costs			
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



Tidewell Hospice & Palliative Care		Provider 1	Number: Date:	087527900 07/02/2010	
5955 Rand Blvd		Fiscal Y		N/A	
Sarasota, FL 34238		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic	400				
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					
#659 Room and Board		\$203.23	\$205.11	07/01/2010	
Basis:	Rate Type:				
Budget	X Prospectiv	e		1	
Unaudited costs		rospective			
Desk audited costs	Prospec	ective Adjusted for New Costs			
Field audited costs  Medicare - Prospective	Interim				
Payment System Rate	Total Inte	rim			
X Average Nursing Home Rate	Settlemen	t based on costs			
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
Distribution:					
Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in rate)					



Hospice of the Treasure Coast	Provider l	087528700			
1201 SE Indian St		Fiscal Y	07/02/2010 N/A		
Stuart, FL 34997		Audit Status: N/A			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		Current Rate	IVEW Rate	Effective Date	
Swing-Bed Provider			<b></b>		
				_	
Federally Qualified Health Centers					
X Hospice Provider  #651 Routine Home Care					
#652 Continuous Home Care		•			
#655 Inpatient Respite Care					
#656 General Inpatient Care		010515	0100.00	07/01/2010	
#659 Room and Board		\$195.15	\$198.08	07/01/2010	
Basis:	Rate Type:				
Budget	X Prospectiv	e			
Unaudited costs		rospective			
Desk audited costs	Prospec	ospective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
Payment System Rate X Average Nursing Home Rate	Total Inte	Interim ement based on costs			
	Settlemen	t based on costs			
	M. D.	3-11 C1 A 3	1	R/	
		W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis			
	iviedica	Medicaid Cost Reimoursement Analysis			
<b>Distribution:</b>					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
Program Development:					
For information Only ( No Change in rate)					



vieutaid Reimbursei	nent I et Diem Rates				
Hospice by the Sea		Provider 1		087529500	
			Date:	07/02/2010	
1531 W. Palmetto Park Road		Fiscal Y		N/A	
Boca Raton, FL 33486		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
X Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care	44				
#656 General Inpatient Care					
#659 Room and Board		\$199.85	\$204.93	07/01/2010	
Basis:	Rate Type:				
Budget	X Prospectiv	⁄e			
Unaudited costs		rospective			
Desk audited costs		ctive Adjusted for N	ew Costs		
Field audited costs					
Medicare - Prospective	Interim				
Payment System Rate X Average Nursing Home Rate	Total Inte				
	Settlemer	nt based on costs			
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



Hospice of the Florida Suncoast		Provider 1	087532500 07/02/2010	
5771 Rosevelt Blvd		Date: 07/02/2010 Fiscal Year End: N/A		
Clearwater, FL 33760		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				
#659 Room and Board		\$195.75	\$198.53	07/01/2010
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	tive Adjusted for N	ew Costs	
Field audited costs  Medicare - Prospective	Interim			
Payment System Rate	Total Inte			
X Average Nursing Home Rate	Settlemer	t based on costs		
		dell Samuel, Ad		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Hope Hospice & Palliative Care	Provider Number: 087535000			
Trope Trospice & Fundative Care			Date:	07/02/2010
9470 Health Park Circle		Fiscal Year End:		N/A
Ft. Myers, FL 33908	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				
#659 Room and Board		\$197.88	\$199.80	07/01/2010
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Payment System Rate	Total Inte			
X Average Nursing Home Rate	Settlemer	nt based on costs		
			- h	R/
		dell Samuel, Ad id Cost Reimbursen		
	Medica	nd Cost Reimbursen	ieni Anaiysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Hospice of Citrus County		Provider Number: Date:		087536800 07/02/2010	
PO Box 641270 Beverly Hills, FL 34464		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			<u></u>		
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board		\$181.11	\$185.72	07/01/2010	
Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Rate Type:  X Prospective Total Prospective Prospective Adjusted for New Costs  Interim Total Interim Settlement based on costs				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		dell Samuel, Ad id Cost Reimbursen			



Avow Hospice		Provider 1	Date:	087537600 07/02/2010
1095 Whippoorwill Lane		Fiscal Y	ear End: t Status:	N/A
Naples, FL 34105		Audi	i 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			÷	
#659 Room and Board		\$199.91	\$203.77	07/01/2010
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective	_	
Desk audited costs  Field audited costs	Prospec	tive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
Payment System Rate  X Average Nursing Home Rate	Total Inte			
	Settlemen	t based on costs		
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Hospice of Okeechobee		Provider 1	Number: Date:	087538400 07/02/2010
411 SE 4th Street		Fiscal Y		N/A
Okeechobee, FL 34974		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider			,	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board County : Ol	keechobee	\$210.33	\$213.47	07/01/2010
Basis:	Rate Type :			,
Budget	X Prospectiv			
Unaudited costs		rospective	Carta	
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemen	nt 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)				



Catholic Hospice			087569400 07/02/2010	
14875 NW 77th Ave 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				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				-
#655 Inpatient Respite Care				
#656 General Inpatient Care				·
#659 Room and Board		\$207.60	\$212.79	07/01/2010
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Rate Type:  X Prospective Total Prospective Prospective Adjusted for New Costs  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				



Culfeida Basissal Hamisa	ment Fer Diem Kate	Provider		<del></del>
Gulfside Regional Hospice		Provider	Number: Date:	087570800 07/02/2010
6111 Trouble Creek Rd		Fiscal Y	ear End:	N/A
New Port Richey, FL 34653		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider	The state of the s			
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$186.15	\$189.74	07/01/2010
				1
Basis:	Rate Type :			
Budget	X Prospecti	ve		
Unaudited costs	^	Prospective		
Desk audited costs		ective Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Payment System Rate  X Average Nursing Home Rate	Total Inte			
	Settleme	nt based on costs		
	W. R	ydell Samuel, Ad	ministrator	K
	Medica	aid Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)	1			



Hospice of Gold Coast 2101 W. Commercial Blvd Suite 4500		Provider I Fiscal Y	Date:	150000700 07/02/2010 N/A
Ft Lauderdale, FL 33309			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$192.56	\$197.83	07/01/2010
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Interim Total Inte	rospective tive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		dell Samuel, Ad id Cost Reimbursen		<u>R</u>
ror information Only (No Change in rate)				



Hospice Care of South Fl.	Provider 1	150001500 07/02/2010				
7270 N W 12th St - DH#6			Fiscal Y			
7270 N.W. 12th St., PH#6			t Status:	N/A N/A		
Miami, FL 33126		Aug	i Siatus.	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						
#659 Room and Board		\$156.86	\$159.26	07/01/2010		
Basis:	Rate Type :					
Budget	X Prospectiv	P				
Unaudited costs		rospective				
Desk audited costs	*****	pective Adjusted for New Costs				
Field audited costs	-					
Medicare - Prospective	Interim					
Payment System Rate	Total Inte					
X Average Nursing Home Rate	Settlemer	t based on costs				
				R/		
		dell Samuel, Ad				
	Medica	id Cost Reimbursen	nent Analysis			
Distribution:						
Fiscal Agent						
Contract Management						
Permanent File						
Program Development:						
For information Only (No Change in rate)						



Florida Hospital Hospice Care		Provider 1		150003100
			Date:	07/02/2010
770 W. Granada Blvd Suite 319		Fiscal Y	ear End: t Status:	N/A
Ormond Beach, FL 32174		Audi	N/A	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
#659 Room and Board		\$200.89	\$203.92	07/01/2010
Basis:	Rate Type :			
Budget	X Prospectiv	re.		
Unaudited costs		rospective		
Desk audited costs	***************************************	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Payment System Rate  X Average Nursing Home Rate	Total Inte			
A Average Nursing Frome Nate	Settlemer	nt based on costs		
			1	R/
	W	dell Samuel, Ad		
	Medica	id Cost Reimbursen	nent Analys <b>f</b> s	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
rogiam Development.		•		
For information Only ( No Change in rate)				



Hospice of Emerald Coast	100	Provider 1	Number: Date:	150009100 07/02/2010	
PO Box 2127		Fiscal Y		N/A	
Dothan, AL 36302		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
X Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board		\$186.33	\$189.43	07/01/2010	
Basis:	Rate Type :				
Budget	X Prospectiv	e			
Unaudited costs		Prospective			
Desk audited costs	Prospec	tive Adjusted for N	ew Costs		
Field audited costs	F.,,				
Medicare - Prospective Payment System Rate	Interim Total Inte	rim			
X Average Nursing Home Rate	V Avance Numine Home Date		nt based on costs		
Distribution:	<u></u>	dell Samuel, Ad id Cost Reimbursen			
Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



Douglas Gardens Hospice, Inc.		Provider 1	Number: Date:		
5200 Northeast 2nd Avenue		Fiscal Year End:		N/A	
Miami, FL 33137		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					
#659 Room and Board		\$214.29	\$214.56	07/01/2010	
Basis:	Rate Type :				
Budget	X Prospectiv	e			
Unaudited costs		Prospective			
Desk audited costs	Prospec	ective Adjusted for New Costs			
Field audited costs	<b>Y</b> . •				
Medicare - Prospective Payment System Rate	Interim Total Inte	rim			
X Average Nursing Home Rate	***************************************	t based on costs			
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)					
For information Only ( No Change in rate)					



Medicaid Reimbursement Per Diem Rate	es for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Vitas Healthcare Corp of Florida - Congress Ave Attn: Angela Santana 100 S. Biscayne Blvd Suite 1400 Miami, FL 33131	Provider Number: Date: Fiscal Year End: Audit Status:		150013900 07/02/2010 N/A 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				
#659 Room and Board	\$199.51	\$205.35	07/01/2010	
Desk audited costs Field audited costs  Medicare - Prospective Payment System Rate Total In X Average Nursing Home Rate  W. F  Medicare  Distribution: Fiscal Agent	ective tal Prospective espective Adjusted for New Costs			
Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				



Hospice of the Palm Coast		Provider 1		150015500
140.0 4 10.1		Fiscal Y	Date:	07/02/2010
149 South Ridgewood Ave Suite 400 Daytona Beach, FL 32114			t Status:	N/A N/A
		1100	IN/A	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers			<b></b>	
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$193.03	\$195.33	07/01/2010
			***************************************	
Basis:	Rate Type :			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs		ctive Adjusted for N	ew Costs	
Field audited costs	<del></del>			
Medicare - Prospective	Interim			
Payment System Rate  X Average Nursing Home Rate	Total Interim			
	Settlettle	nt based on costs		
	W R	ydell Samuel, Ad	ministrator	R
		aid Cost Reimbursen		<del>                                     </del>
<u>Distribution:</u>				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



	sement Per Diem Rate			<del></del>	
Good Shepherd Hospice, Inc		Provider 1		150021000	
		Einaul 37	Date:	07/02/2010	
115 South Missouri Ave			ear End: it Status:	N/A N/A	
Lakeland, FL 33815		Aud	it Status.	IN/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Center	·s				
X Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board		\$188.54	\$191.00	07/01/2010	
Basis:	Rate Type :				
		<u> </u>			
Budget	X Prospect				
Unaudited costs		Prospective ective Adjusted for New Costs			
Desk audited costs Field audited costs	Prosp	ective Adjusted for N	iew Costs		
Medicare - Prospective	Interim				
Payment System Rate	Total In	terim			
X Average Nursing Home Rate	Settlement based on costs				
	W P	kydell Samuel, Ad	Iministrator	<b>K</b>	
		caid Cost Reimburser		<del> </del>	
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
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LifePath Hospice, Inc.		Provider 1	Number: Date:	150022800 07/02/2010
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	1031			
Federally Qualified Health Centers				-
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$191.41	\$194.36	07/01/2010
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs  Medicare - Prospective	Interim			
Payment System Rate Total Inte		rim		
X Average Nursing Home Rate Settlemen		ent 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)				