



Florida Agency for Health Care Administration

000141800 - 2020/07

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

HCR Manor Care Services of Florida, Inc.  
 Heartland Home Health Care and Hospice  
 8130 Baymeadows Way W  
 Jacksonville, FL 322564409

Provider Number : 000141800  
 Date : 07/01/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	204.34	207.18	07/01/2020

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**Distribution:**

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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



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

Vitas Healthcare  
4450 W. Eau Gallie Blvd, Suite 250  
Melbourne, FL 32934

Provider Number : 000602600  
Date : 07/01/2020  
Fiscal Year End : N/A  
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	213.41	218.44	07/01/2020

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Medicaid Cost Reimbursement Analysis



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

Odyssey Healthcare of Marion County
Kindred Hospice
6161 Blue Lagoon Dr, Ste 170
Miami, FL 33126

Provider Number : 001572800
Date : 07/01/2020
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	212.87	229.62	07/01/2020

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

Regency Hospice of Northwest FL
50 Beverly Pkwy, Ste 200
Pensacola, FL 32505

Provider Number : 001636100
Date : 07/01/2020
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	213.94	218.53	07/01/2020

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

Seasons Hospice and Palliative Care of Southern FL
5200 Northeast 2nd Avenue
Miami, FL 32405

Provider Number : 002782200
Date : 07/01/2020
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	230.41	232.84	07/01/2020

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 Medicaid Cost Reimbursement Analysis



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

HCR Manor Care of Florida III, Inc.	Provider Number : 003815300
Heartland Hospice Services - Plantation	Date : 07/01/2020
150 S Pine Island Rd, Ste 200	Fiscal Year End : N/A
Plantation, FL 333242695	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
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#655 Inpatient Respite Care			
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#658 Room and Board	204.34	207.18	07/01/2020

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

Community Hospice of Northeast Florida	Provider Number : 007681500
	Date : 07/01/2020
4266 SUnbeam Rd	Fiscal Year End : N/A
Jacksonville, FL 322576030	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
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#658 Room and Board		212.77	07/01/2020

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\_\_\_\_\_ For information Only (No Change in rate)

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Sawgrass Hospitalist PA  
 703 North Flamingo Road  
 Pembroke Pines, FL 322564409

Provider Number : 011862000  
 Date : 07/01/2020  
 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			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		231.71	07/01/2020

<table border="0"> <tr> <td><b>Basis :</b></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 type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>Broward</td> </tr> </table>	<b>Basis :</b>		<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		Broward	<table border="0"> <tr> <td><b>Rate Type :</b></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>	<b>Rate Type :</b>		<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





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

Hernando-Pasco Hospice
HPH Hospice
12107 Majestic Blvd
Hudson, FL

Provider Number : 014043700
Date : 07/01/2020
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	209.55	215.54	07/01/2020

<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> <tr> <td></td> <td style="text-align: center;">Pasco</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		Pasco	<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



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

Compassionate Care Hospice of Miami Dade and the Florida Keys  
 200 Lanidex Plz Ste 2101  
 Parsippany, NJ 07054-2746

Provider Number : 014190001  
 Date : 07/01/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	223.70	226.74	07/01/2020

<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> <tr> <td></td> <td style="text-align: center;">Dade</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		Dade	<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



Florida Agency for Health Care Administration

015219701 - 2020/07

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 Central Florida	Provider Number : 015219701
	Date : 07/01/2020
2153 US Highway 27 S	Fiscal Year End : N/A
Highlands, FL 338704933	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		211.10	07/01/2020

<b>Basis :</b>	<b>Rate Type :</b>
<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	
Highlands	

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Compassionate Care Hospice of Central Florida	Provider Number : 015219702
	Date : 07/01/2020
220 S Dixie Dr	Fiscal Year End : N/A
Haines City, FL 338442801	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			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		212.22	07/01/2020

<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> <tr> <td></td> <td>Polk</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		Polk	<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



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

Seasons Hospice & Palliative Care Broward FL LLC	Provider Number : 015328000
	Date : 07/01/2020
1815 Griffin Rd Ste 410	Fiscal Year End : N/A
Dania Beach, FL 33004	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	205.73	210.13	07/01/2020

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Covenant Hospice, Inc
5041 N. 12th
Pensacola, FL 32504

Provider Number : 015986100
Date : 07/01/2020
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	222.76	225.81	07/01/2020

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Odyssey Healthcare of Marion County
Kindred at Home-Hospice
1300 N Semoran Blvd Ste 210
Orlando, FL 32807

Provider Number : 016254400
Date : 07/01/2020
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			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	217.79	228.12	07/01/2020

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W.Rydell Samuel, Administrator 

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Medicaid Cost Reimbursement Analysis



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

Compassionate Care Hospice of Lake & Sumter	Provider Number : 017287500
	Date : 07/01/2020
214 E Washington St Apt C	Fiscal Year End : N/A
Minneola , FL 34715	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	220.30	223.43	07/01/2020

<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> <tr> <td></td> <td style="text-align: center;">Lake</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		Lake	<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





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

Odyssey Healthcare of Marion County
1300 N Semoran Blvd, Ste 210
Orlando, FL 328073567

Provider Number : 017324500
Date : 07/01/2020
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			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		214.83	07/01/2020

<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> <tr> <td></td> <td style="text-align: center;">Orange</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		Orange	<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



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

Heartland Hospices Services.  
 5975 Sunset Dr Ste 301  
 South Miami, FL 33143

Provider Number : 019255800  
 Date : 07/01/2020  
 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			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	226.70	234.78	07/01/2020

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Seasons Hospice & Palliative Care of Tampa	Provider Number : 024621400
	Date : 07/01/2020
1408 N West Shore Blvd Ste 260	Fiscal Year End : N/A
Tampa, FL 33607	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	209.23	212.21	07/01/2020

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Hospice of I.R.C.	Provider Number : 087000500
	Date : 07/01/2020
1111 36th Street	Fiscal Year End : N/A
Vero Beach, FL 32960	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	209.25	226.04	07/01/2020

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Vitas Healthcare Corporation - Dade County
100 S. Biscayne Blvd
Miami, FL 33131

Provider Number : 087246600
Date : 07/01/2020
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	228.17	231.41	07/01/2020

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

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

Provider Number : 087255500  
 Date : 07/01/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	215.89	219.77	07/01/2020

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



**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 : 07/01/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	214.97	219.39	07/01/2020

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	
<input type="checkbox"/> Seminole	

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Community Hospice of Northeast	Provider Number : 087407800
	Date : 07/01/2020
4266 Sunbeam Road	Fiscal Year End : N/A
Jacksonville, FL 32257	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	213.32	217.38	07/01/2020

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Basis :</b></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 type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Duval</td> </tr> </table>	<b>Basis :</b>		<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		Duval	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Rate Type :</b></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>	<b>Rate Type :</b>		<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





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

Good Shephard Hospice - Lakeland  
  
115 South Missouri Ave, Suite 500  
Lakeland, FL 338154632

Provider Number : 087511202  
Date : 07/01/2020  
Fiscal Year End : N/A  
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		212.22	07/01/2020

<table border="0"> <tr><td><b>Basis :</b></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><b>X</b> _____</td><td>Payment System Rate</td></tr> <tr><td>_____</td><td>Average Nursing Home Rate</td></tr> <tr><td></td><td>Polk</td></tr> </table>	<b>Basis :</b>		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	<b>X</b> _____	Payment System Rate	_____	Average Nursing Home Rate		Polk	<table border="0"> <tr><td><b>Rate Type :</b></td><td></td></tr> <tr><td><b>X</b> _____</td><td>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>	<b>Rate Type :</b>		<b>X</b> _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Good Shephard Hospice - Sebring  
4418 Sun 'N Lake Boulevard, Suite B  
Sebring, FL 338722164

Provider Number : 087511203  
Date : 07/01/2020  
Fiscal Year End : N/A  
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		211.10	07/01/2020

<table border="1"> <thead> <tr><th>Basis :</th></tr> </thead> <tbody> <tr><td>Budget</td></tr> <tr><td>Unaudited costs</td></tr> <tr><td>Desk audited costs</td></tr> <tr><td>Field audited costs</td></tr> <tr><td>Medicare - Prospective</td></tr> <tr><td><b>X</b> Payment System Rate</td></tr> <tr><td>Average Nursing Home Rate</td></tr> <tr><td>Highlands</td></tr> </tbody> </table>	Basis :	Budget	Unaudited costs	Desk audited costs	Field audited costs	Medicare - Prospective	<b>X</b> Payment System Rate	Average Nursing Home Rate	Highlands	<table border="1"> <thead> <tr><th>Rate Type :</th></tr> </thead> <tbody> <tr><td><b>X</b> Prospective</td></tr> <tr><td>Total Prospective</td></tr> <tr><td>Prospective Adjusted for New costs</td></tr> <tr><td>Interim</td></tr> <tr><td>Total Interim</td></tr> <tr><td>Settlement based on costs</td></tr> </tbody> </table>	Rate Type :	<b>X</b> Prospective	Total Prospective	Prospective Adjusted for New costs	Interim	Total Interim	Settlement based on costs
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Hospice of Martin & St. Lucie
1201 SE Indian Street
Stuart, FL 34997

Provider Number : 087514700
Date : 07/01/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	235.21	236.92	07/01/2020

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Hospice of Palm Beach County	Provider Number : 087516300
	Date : 07/01/2020
5300 East Avenue	Fiscal Year End : N/A
West Palm Beach, FL 33407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	228.03	228.40	07/01/2020

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Hospice of Marion County	Provider Number : 087520100
	Date : 07/01/2020
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			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	211.05	214.19	07/01/2020

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Hospice of Health First	Provider Number : 087522800
	Date : 07/01/2020
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			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	215.26	222.33	07/01/2020

<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> <tr> <td></td> <td style="text-align: center;">Brevard</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		Brevard	<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



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

Hospice of Volusia	Provider Number : 087523600
	Date : 07/01/2020
3800 Woodbriar Trail	Fiscal Year End : N/A
Port Orange, FL 32129	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	217.51	221.27	07/01/2020

<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> <tr> <td></td> <td style="text-align: center;">Volusia</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		Volusia	<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



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

Big Bend Hospice  
 1723 Mahan Center Blvd.  
 Tallahassee, FL 323085428

Provider Number : 087524400  
 Date : 07/01/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	219.30	225.14	07/01/2020

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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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Hospice of Lake and Sumter	Provider Number : 087526100
	Date : 07/01/2020
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			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	221.58	224.77	07/01/2020

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Tidewell Hospice & Palliative Care	Provider Number : 087527900
	Date : 07/01/2020
5955 Rand Blvd	Fiscal Year End : N/A
Sarasota, FL 34238	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	225.42	228.31	07/01/2020

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Hospice of the Treasure Coast
1201 SE Indian St
Stuart, FL 34997

Provider Number : 087528700
Date : 07/01/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	226.30	230.03	07/01/2020

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W.Rydell Samuel, Administrator   
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 Medicaid Cost Reimbursement Analysis



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

Hospice by the Sea  
 1531 W. Palmetto Park Road  
 Boca Raton, FL 334863395


Provider Number : 087529500  
 Date : 07/01/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	227.73	229.03	07/01/2020

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	
<input type="checkbox"/> Palm Beach	

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Hospice of the Florida Suncoast	Provider Number : 087532500
	Date : 07/01/2020
5771 Roosevelt Blvd	Fiscal Year End : N/A
Clearwater, FL 337603770	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	216.09	220.64	07/01/2020

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 Medicaid Cost Reimbursement Analysis



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

Hope Hospice & Palliative Care
9470 Health Park Circle
Ft. Myers, FL 339083617

Provider Number : 087535000
Date : 07/01/2020
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			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	223.29	228.79	07/01/2020

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Avow Hospice  
 1095 Whippoorwill Lane  
 Naples, FL 34105

Provider Number : 087537600  
 Date : 07/01/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	218.81	225.61	07/01/2020

Basis :	Rate Type :
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<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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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Hospice of Okeechobee	Provider Number : 087538400
	Date : 07/01/2020
411 SE 4th Street	Fiscal Year End : N/A
Okeechobee, FL 34974	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	255.39	258.86	07/01/2020

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis





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

Catholic Hospice	Provider Number : 087569400
	Date : 07/01/2020
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
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
<b>#651 Routine Home Care (1-60)</b>			
<b>#651a Routine Home Care (61 +)</b>			
<b>#652 Continuous Home Care</b>			
<b>#652a Continuous Home Care - SIA</b>			
<b>#655 Inpatient Respite Care</b>			
<b>#656 General Inpatient Care</b>			
<b>#658 Room and Board</b>	241.94	244.50	07/01/2020

<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> <tr> <td></td> <td>Dade</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		Dade	<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



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

Gulfside Regional Hospice  
 6111 Trouble Creek Rd  
 New Port Richey, FL 34653

Provider Number : 087570800  
 Date : 07/01/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	210.96	217.08	07/01/2020

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

North Broward Hospital District
Hospice of Gold Coast Home Health
309 SE 18th St
Ft. Lauderdale, FL 33316

Provider Number : 100313200
Date : 07/01/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		231.71	07/01/2020

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<input type="checkbox"/> Settlement based on costs																	

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Seasons Hospice & Palliative Care of Pinellas
17757 US Highway 19 N Ste 175
Clearwater, FL 33764

Provider Number : 100944700
Date : 07/01/2020
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			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	213.92	216.83	07/01/2020

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W.Rydell Samuel, Administrator   
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 Medicaid Cost Reimbursement Analysis



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


Compassionate Care Hospice of Central Florida	Provider Number : 101809700
	Date : 07/01/2020
2525 Drane Field Rd Ste 4	Fiscal Year End : N/A
Lakeland, FL 33811	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	209.37	212.22	07/01/2020

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<b>Rate Type :</b>																																	
<b>X</b> _____	Prospective																																
_____	Total Prospective																																
_____	Prospective Adjusted for New costs																																
_____	Interim																																
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_____	Settlement based on costs																																

**Distribution:**

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

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



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

Compassionate Care Hospice of Lake & Sumter  
 900 Main St. Ste 208  
 The Villages, FL 32159

Provider Number : 101811100  
 Date : 07/01/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		223.43	07/01/2020

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	
<input type="checkbox"/> Lake	

**Distribution:**

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

\_\_\_\_\_ For information Only (No Change in rate)

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Compassionate Care Hospice of Miami Dade
460 W 51 St PL # 464
Hialeah, FL 33012

Provider Number : 101811400
Date : 07/01/2020
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	226.70	234.78	07/01/2020

<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> <tr> <td></td> <td>Dade</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		Dade	<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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<input type="checkbox"/>	Average Nursing Home Rate																																
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**Distribution:**

- Fiscal Agent
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- Permanent File
- Program Development:

\_\_\_\_\_ For information Only (No Change in rate)

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Catholic Hospice Inc  
 2900 W Cypress Creek Rd, Ste 7  
 Ft. Lauderdale, FL 33309

Provider Number : 103844700  
 Date : 07/01/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		231.71	07/01/2020

<p><b>Basis :</b></p> <p>_____ Budget</p> <p>_____ Unaudited costs</p> <p>_____ Desk audited costs</p> <p>_____ Field audited costs</p> <p>_____ Medicare - Prospective</p> <p><b>X</b> _____ Payment System Rate</p> <p>_____ Average Nursing Home Rate</p> <p style="text-align: center;">Broward</p>	<p><b>Rate Type :</b></p> <p><b>X</b> _____ Prospective</p> <p>_____ Total Prospective</p> <p>_____ Prospective Adjusted for New costs</p> <p>_____ Interim</p> <p>_____ Total Interim</p> <p>_____ Settlement based on costs</p>
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**Distribution:**

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

\_\_\_\_\_ For information Only (No Change in rate)

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis





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

Morsefife Hospice Institute
Palm Beach Hospice by Morselife
4847 David S. Mack Drive
West Palm Beach, FL 33417


Provider Number : 104177600
Date : 07/01/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
<b>#651 Routine Home Care (1-60)</b>			
<b>#651a Routine Home Care (61 +)</b>			
<b>#652 Continuous Home Care</b>			
<b>#652a Continuous Home Care - SIA</b>			
<b>#655 Inpatient Respite Care</b>			
<b>#656 General Inpatient Care</b>			
<b>#658 Room and Board</b>		233.04	07/01/2020

<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 Palm Beach</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 Palm Beach	<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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<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 Palm Beach																														
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<input checked="" type="checkbox"/>	Prospective																														
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

104213800 - 2020/07

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  
 Wuesthoff Helath Systems Brevard Hospice  
 8060 Spyglass Hill Rd  
 Viera, FL 32940-7983

Provider Number : 104213800  
 Date : 07/01/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		216.06	07/01/2020

<p><b>Basis :</b></p> <p>_____ Budget</p> <p>_____ Unaudited costs</p> <p>_____ Desk audited costs</p> <p>_____ Field audited costs</p> <p>_____ Medicare - Prospective</p> <p><b>X</b> _____ Payment System Rate</p> <p>_____ Average Nursing Home Rate</p> <p style="text-align: center;">Brevard</p>	<p><b>Rate Type :</b></p> <p><b>X</b> _____ Prospective</p> <p>_____ Total Prospective</p> <p>_____ Prospective Adjusted for New costs</p> <p>_____ Interim</p> <p>_____ Total Interim</p> <p>_____ Settlement based on costs</p>
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**Distribution:**

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- Program Development:

\_\_\_\_\_ For information Only (No Change in rate)

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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


Hospice of Okeechobee	Provider Number : 105197500
	Date : 07/01/2020
411 SE 4th St	Fiscal Year End : N/A
Okeechobee, FL 34974	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
<b>#651 Routine Home Care (1-60)</b>			
<b>#651a Routine Home Care (61 +)</b>			
<b>#652 Continuous Home Care</b>			
<b>#652a Continuous Home Care - SIA</b>			
<b>#655 Inpatient Respite Care</b>			
<b>#656 General Inpatient Care</b>			
<b>#658 Room and Board</b>		258.86	07/01/2020

<b>Basis :</b>	<b>Rate Type :</b>
<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	
Okeechobee	

**Distribution:**

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- Contract Management
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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



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

Bristol Hospice - Miami Dade
5201 Blue Lagoon Dr, Ste 570
Miami, FL 331262021

Provider Number : 105421900
Date : 07/01/2020
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			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		234.78	07/01/2020

<table border="1"> <tr> <th>Basis :</th> </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> <tr> <td>Dade</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	Dade	<table border="1"> <tr> <th>Rate Type :</th> </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
Basis :																	
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<input type="checkbox"/> Medicare - Prospective																	
<input checked="" type="checkbox"/> Payment System Rate																	
<input type="checkbox"/> Average Nursing Home Rate																	
Dade																	
Rate Type :																	
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<input type="checkbox"/> Total Prospective																	
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**Distribution:**

- Fiscal Agent
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- Program Development:

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

North Central Florida Hospice
4200 NW 90th Blvd
Gainesville, FL 32606

Provider Number : 106026400
Date : 07/01/2020
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		223.99	07/01/2020

<table border="1"> <tr> <th style="text-align: left;">Basis :</th> </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> <tr> <td style="text-align: center;">Alachua</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	Alachua	<table border="1"> <tr> <th style="text-align: left;">Rate Type :</th> </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 checked="" type="checkbox"/> Payment System Rate																	
<input type="checkbox"/> Average Nursing Home Rate																	
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**Distribution:**

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

\_\_\_\_\_ For information Only (No Change in rate)

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

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


Provider Number : 150001500  
 Date : 07/01/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	216.08	224.59	07/01/2020

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	
<input type="checkbox"/> Duval	

**Distribution:**

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

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

150003100 - 2020/07

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  
  
770 W. Granada Blvd  
Ormond Beach, FL 32174

Provider Number : 150003100  
Date : 07/01/2020  
Fiscal Year End : N/A  
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	214.78	217.15	07/01/2020

<table border="0"> <tr><td><b>Basis :</b></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><b>X</b> _____</td><td>Payment System Rate</td></tr> <tr><td>_____</td><td>Average Nursing Home Rate</td></tr> <tr><td>_____</td><td>Volusia</td></tr> </table>	<b>Basis :</b>		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	<b>X</b> _____	Payment System Rate	_____	Average Nursing Home Rate	_____	Volusia	<table border="0"> <tr><td><b>Rate Type :</b></td><td></td></tr> <tr><td><b>X</b> _____</td><td>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>	<b>Rate Type :</b>		<b>X</b> _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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_____	Medicare - Prospective																																
<b>X</b> _____	Payment System Rate																																
_____	Average Nursing Home Rate																																
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<b>X</b> _____	Prospective																																
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W.Rydell Samuel, Administrator 

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Medicaid Cost Reimbursement Analysis



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

Hospice of Emerald Coast  
PO Box 2127  
Dothan, AL 36302

Provider Number : 150009100  
Date : 07/01/2020  
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			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	213.00	218.67	07/01/2020

<table border="0"> <tr><td><b>Basis :</b></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><input checked="" type="checkbox"/> _____</td><td>Payment System Rate</td></tr> <tr><td>_____</td><td>Average Nursing Home Rate</td></tr> <tr><td>_____</td><td>Bay</td></tr> </table>	<b>Basis :</b>		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	<input checked="" type="checkbox"/> _____	Payment System Rate	_____	Average Nursing Home Rate	_____	Bay	<table border="0"> <tr><td><b>Rate Type :</b></td><td></td></tr> <tr><td><input checked="" type="checkbox"/> _____</td><td>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>	<b>Rate Type :</b>		<input checked="" type="checkbox"/> _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis





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

Vitas Healthcare Corp of Florida - Congress Ave  
 100 S. Biscayne Blvd  
 Miami, FL 33131

Provider Number : 150013900  
 Date : 07/01/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	228.08	227.99	07/01/2020

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 Palm Beach	

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Good Shepherd Hospice, Inc
115 South Missouri Ave
Lakeland, FL 33815

Provider Number : 150021000
Date : 07/01/2020
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	208.58	211.13	07/01/2020

<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> <tr> <td></td> <td>Polk</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		Polk	<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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 Medicaid Cost Reimbursement Analysis



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

LifePath Hospice, Inc.  
 3010 W. Azeele Street  
 Tampa, FL 33609

Provider Number : 150022800  
 Date : 07/01/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	214.96	221.20	07/01/2020

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