



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

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: HCR Manor Care Services of Florida, Inc.
 Provider Number: 000141800-00
 County: Duval(16)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9039	99.09	49.92	149.01
Continuous Home Care	930.27	639.19	0.9039	577.76	291.08	868.84
Inpatient Respite	173.48	93.91	0.9039	84.89	79.57	164.46
General Inpatient Care	708.77	453.68	0.9039	410.08	255.09	665.17

Continuous Home Care Hourly Rate = $868.84 / 24 \text{ hours} = \36.20



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Samaritan Care Hospice of Osceola, LLC
 Provider Number: 000532400-00
 County: Orange (48)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9147	100.28	49.92	150.20
Continuous Home Care	930.27	639.19	0.9147	584.67	291.08	875.75
Inpatient Respite	173.48	93.91	0.9147	85.90	79.57	165.47
General Inpatient Care	708.77	453.68	0.9147	414.98	255.09	670.07

Continuous Home Care Hourly Rate = $875.75 / 24 \text{ hours} = \36.49



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Vitas Healthcare Corp of Central Florida
 Provider Number: 000602600-00
 County: Brevard(5)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8872	97.26	49.92	147.18
Continuous Home Care	930.27	639.19	0.8872	567.09	291.08	858.17
Inpatient Respite	173.48	93.91	0.8872	83.32	79.57	162.89
General Inpatient Care	708.77	453.68	0.8872	402.50	255.09	657.59

Continuous Home Care Hourly Rate = $858.17 / 24 \text{ hours} = \35.76



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Odyssey Health Care Miami-Dade
 Provider Number: 001572800-00
 County: Dade(13)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9962	109.21	49.92	159.13
Continuous Home Care	930.27	639.19	0.9962	636.76	291.08	927.84
Inpatient Respite	173.48	93.91	0.9962	93.55	79.57	173.12
General Inpatient Care	708.77	453.68	0.9962	451.96	255.09	707.05

Continuous Home Care Hourly Rate = $927.84 / 24 \text{ hours} = \38.66



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Regency Hospice of NW Florida, Inc.
 Provider Number: 001636100-00
 County: Escambia(17)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8000	87.70	49.92	137.62
Continuous Home Care	930.27	639.19	0.8000	511.35	291.08	802.43
Inpatient Respite	173.48	93.91	0.8000	75.13	79.57	154.70
General Inpatient Care	708.77	453.68	0.8000	362.94	255.09	618.03

Continuous Home Care Hourly Rate = $802.43 / 24 \text{ hours} = \33.43



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Seasons Hospice and Palliative Care of Southern FL
 Provider Number: 002782200-00
 County: Dade(13)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9962	109.21	49.92	159.13
Continuous Home Care	930.27	639.19	0.9962	636.76	291.08	927.84
Inpatient Respite	173.48	93.91	0.9962	93.55	79.57	173.12
General Inpatient Care	708.77	453.68	0.9962	451.96	255.09	707.05

Continuous Home Care Hourly Rate = $927.84 / 24 \text{ hours} = \38.66



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Brevard HMA, LLC

Provider Number: 003694700-00

County: Brevard (5)

Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8872	97.26	49.92	147.18
Continuous Home Care	930.27	639.19	0.8872	567.09	291.08	858.17
Inpatient Respite	173.48	93.91	0.8872	83.32	79.57	162.89
General Inpatient Care	708.77	453.68	0.8872	402.50	255.09	657.59

Continuous Home Care Hourly Rate = $858.17 / 24 \text{ hours} = \35.76



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: HCR Manor Care of Florida III, Inc.

Provider Number: 003815300-00

County: Broward(6)

Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	1.0475	114.84	49.92	164.76
Continuous Home Care	930.27	639.19	1.0475	669.55	291.08	960.63
Inpatient Respite	173.48	93.91	1.0475	98.37	79.57	177.94
General Inpatient Care	708.77	453.68	1.0475	475.23	255.09	730.32

Continuous Home Care Hourly Rate = $960.63 / 24 \text{ hours} = \40.03



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: HCR Manor Care Services of FL II, Inc.

Provider Number: 004244800-00

County: Miami-Dade (13)

Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9962	109.21	49.92	159.13
Continuous Home Care	930.27	639.19	0.9962	636.76	291.08	927.84
Inpatient Respite	173.48	93.91	0.9962	93.55	79.57	173.12
General Inpatient Care	708.77	453.68	0.9962	451.96	255.09	707.05

Continuous Home Care Hourly Rate = $927.84 / 24 \text{ hours} = \38.66



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Compassionate Care Hospice of Miami Dade, Inc.

Provider Number: 004579400-00

County: Polk (53)

Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8360	91.65	49.92	141.57
Continuous Home Care	930.27	639.19	0.8360	534.36	291.08	825.44
Inpatient Respite	173.48	93.91	0.8360	78.51	79.57	158.08
General Inpatient Care	708.77	453.68	0.8360	379.28	255.09	634.37

Continuous Home Care Hourly Rate = $825.44 / 24 \text{ hours} = \34.39



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice of I.R.C.

Provider Number: 087000500-00

County: Indian River(31)

Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8842	96.93	49.92	146.85
Continuous Home Care	930.27	639.19	0.8842	565.17	291.08	856.25
Inpatient Respite	173.48	93.91	0.8842	83.04	79.57	162.61
General Inpatient Care	708.77	453.68	0.8842	401.14	255.09	656.23

Continuous Home Care Hourly Rate = $856.25 / 24 \text{ hours} = \35.68



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Vitas Healthcare Corporation - Dade County
 Provider Number: 087246600-00
 County: Dade(13)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9962	109.21	49.92	159.13
Continuous Home Care	930.27	639.19	0.9962	636.76	291.08	927.84
Inpatient Respite	173.48	93.91	0.9962	93.55	79.57	173.12
General Inpatient Care	708.77	453.68	0.9962	451.96	255.09	707.05

Continuous Home Care Hourly Rate = $927.84 / 24 \text{ hours} = \38.66



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: St. Francis Hospice
 Provider Number: 087255500-00
 County: Brevard(5)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8872	97.26	49.92	147.18
Continuous Home Care	930.27	639.19	0.8872	567.09	291.08	858.17
Inpatient Respite	173.48	93.91	0.8872	83.32	79.57	162.89
General Inpatient Care	708.77	453.68	0.8872	402.50	255.09	657.59

Continuous Home Care Hourly Rate = $858.17 / 24 \text{ hours} = \35.76



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice of the Comforter
 Provider Number: 087256300-00
 County: Seminole(59)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9147	100.28	49.92	150.20
Continuous Home Care	930.27	639.19	0.9147	584.67	291.08	875.75
Inpatient Respite	173.48	93.91	0.9147	85.90	79.57	165.47
General Inpatient Care	708.77	453.68	0.9147	414.98	255.09	670.07

Continuous Home Care Hourly Rate = $875.75 / 24 \text{ hours} = \36.49



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Community Hospice of Northeast

Provider Number: 087407800-00

County: Duval(16)

Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9039	99.09	49.92	149.01
Continuous Home Care	930.27	639.19	0.9039	577.76	291.08	868.84
Inpatient Respite	173.48	93.91	0.9039	84.89	79.57	164.46
General Inpatient Care	708.77	453.68	0.9039	410.08	255.09	665.17

Continuous Home Care Hourly Rate = $868.84 / 24 \text{ hours} = \36.20



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice of Martin & St. Lucie

Provider Number: 087514700-00

County: Martin(43)

Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9439	103.48	49.92	153.40
Continuous Home Care	930.27	639.19	0.9439	603.33	291.08	894.41
Inpatient Respite	173.48	93.91	0.9439	88.64	79.57	168.21
General Inpatient Care	708.77	453.68	0.9439	428.23	255.09	683.32

Continuous Home Care Hourly Rate = $894.41 / 24 \text{ hours} = \37.27



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hernando-Pasco Hospice, Inc.
 Provider Number: 087515500-00
 County: Pasco(51)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9160	100.42	49.92	150.34
Continuous Home Care	930.27	639.19	0.9160	585.50	291.08	876.58
Inpatient Respite	173.48	93.91	0.9160	86.02	79.57	165.59
General Inpatient Care	708.77	453.68	0.9160	415.57	255.09	670.66

Continuous Home Care Hourly Rate = $876.58 / 24 \text{ hours} = \36.52



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice of Palm Beach County
 Provider Number: 087516300-00
 County: Palm Beach(50)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9686	106.19	49.92	156.11
Continuous Home Care	930.27	639.19	0.9686	619.12	291.08	910.20
Inpatient Respite	173.48	93.91	0.9686	90.96	79.57	170.53
General Inpatient Care	708.77	453.68	0.9686	439.43	255.09	694.52

Continuous Home Care Hourly Rate = $910.20 / 24 \text{ hours} = \37.92



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Covenant Hospice, Inc
 Provider Number: 087517100-00
 County: Escambia(17)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8000	87.70	49.92	137.62
Continuous Home Care	930.27	639.19	0.8000	511.35	291.08	802.43
Inpatient Respite	173.48	93.91	0.8000	75.13	79.57	154.70
General Inpatient Care	708.77	453.68	0.8000	362.94	255.09	618.03

Continuous Home Care Hourly Rate = $802.43 / 24 \text{ hours} = \33.43



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: North Central Florida Hospice
 Provider Number: 087519800-00
 County: Alachua(1)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9800	107.44	49.92	157.36
Continuous Home Care	930.27	639.19	0.9800	626.41	291.08	917.49
Inpatient Respite	173.48	93.91	0.9800	92.03	79.57	171.60
General Inpatient Care	708.77	453.68	0.9800	444.61	255.09	699.70

Continuous Home Care Hourly Rate = $917.49 / 24 \text{ hours} = \38.23



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice of Marion County
 Provider Number: 087520100-00
 County: Marion(42)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8503	93.22	49.92	143.14
Continuous Home Care	930.27	639.19	0.8503	543.50	291.08	834.58
Inpatient Respite	173.48	93.91	0.8503	79.85	79.57	159.42
General Inpatient Care	708.77	453.68	0.8503	385.76	255.09	640.85

Continuous Home Care Hourly Rate = $834.58 / 24 \text{ hours} = \34.77



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice of Health First

Provider Number: 087522800-00

County: Brevard(5)

Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8872	97.26	49.92	147.18
Continuous Home Care	930.27	639.19	0.8872	567.09	291.08	858.17
Inpatient Respite	173.48	93.91	0.8872	83.32	79.57	162.89
General Inpatient Care	708.77	453.68	0.8872	402.50	255.09	657.59

Continuous Home Care Hourly Rate = $858.17 / 24 \text{ hours} = \35.76



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice of Volusia
 Provider Number: 087523600-00
 County: Volusia(64)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8640	94.72	49.92	144.64
Continuous Home Care	930.27	639.19	0.8640	552.26	291.08	843.34
Inpatient Respite	173.48	93.91	0.8640	81.14	79.57	160.71
General Inpatient Care	708.77	453.68	0.8640	391.98	255.09	647.07

Continuous Home Care Hourly Rate = $843.34 / 24 \text{ hours} = \35.14



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Big Bend Hospice
 Provider Number: 087524400-00
 County: Leon(37)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8469	92.85	49.92	142.77
Continuous Home Care	930.27	639.19	0.8469	541.33	291.08	832.41
Inpatient Respite	173.48	93.91	0.8469	79.53	79.57	159.10
General Inpatient Care	708.77	453.68	0.8469	384.22	255.09	639.31

Continuous Home Care Hourly Rate = $832.41 / 24 \text{ hours} = \34.68



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice of the Florida Keys, Inc.
 Provider Number: 087525200-00
 County: Monroe(44)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8059	88.35	49.92	138.27
Continuous Home Care	930.27	639.19	0.8059	515.12	291.08	806.20
Inpatient Respite	173.48	93.91	0.8059	75.68	79.57	155.25
General Inpatient Care	708.77	453.68	0.8059	365.62	255.09	620.71

Continuous Home Care Hourly Rate = $806.20 / 24 \text{ hours} = \33.59



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice of Lake and Sumter

Provider Number: 087526100-00

County: Lake(35)

Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9147	100.28	49.92	150.20
Continuous Home Care	930.27	639.19	0.9147	584.67	291.08	875.75
Inpatient Respite	173.48	93.91	0.9147	85.90	79.57	165.47
General Inpatient Care	708.77	453.68	0.9147	414.98	255.09	670.07

Continuous Home Care Hourly Rate = $875.75 / 24 \text{ hours} = \36.49



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Tidewell Hospice & Palliative Care
 Provider Number: 087527900-00
 County: Sarasota(58)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9516	104.32	49.92	154.24
Continuous Home Care	930.27	639.19	0.9516	608.25	291.08	899.33
Inpatient Respite	173.48	93.91	0.9516	89.36	79.57	168.93
General Inpatient Care	708.77	453.68	0.9516	431.72	255.09	686.81

Continuous Home Care Hourly Rate = $899.33 / 24 \text{ hours} = \37.47



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice of the Treasure Coast
 Provider Number: 087528700-00
 County: St Lucie(56)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9439	103.48	49.92	153.40
Continuous Home Care	930.27	639.19	0.9439	603.33	291.08	894.41
Inpatient Respite	173.48	93.91	0.9439	88.64	79.57	168.21
General Inpatient Care	708.77	453.68	0.9439	428.23	255.09	683.32

Continuous Home Care Hourly Rate = $894.41 / 24 \text{ hours} = \37.27



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice by the Sea
 Provider Number: 087529500-00
 County: Palm Beach(50)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9686	106.19	49.92	156.11
Continuous Home Care	930.27	639.19	0.9686	619.12	291.08	910.20
Inpatient Respite	173.48	93.91	0.9686	90.96	79.57	170.53
General Inpatient Care	708.77	453.68	0.9686	439.43	255.09	694.52

Continuous Home Care Hourly Rate = $910.20 / 24 \text{ hours} = \37.92



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice of the Florida Suncoast
 Provider Number: 087532500-00
 County: Pinellas(52)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9160	100.42	49.92	150.34
Continuous Home Care	930.27	639.19	0.9160	585.50	291.08	876.58
Inpatient Respite	173.48	93.91	0.9160	86.02	79.57	165.59
General Inpatient Care	708.77	453.68	0.9160	415.57	255.09	670.66

Continuous Home Care Hourly Rate = $876.58 / 24 \text{ hours} = \36.52



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hope Hospice & Palliative Care

Provider Number: 087535000-00

County: Lee(36)

Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8764	96.08	49.92	146.00
Continuous Home Care	930.27	639.19	0.8764	560.19	291.08	851.27
Inpatient Respite	173.48	93.91	0.8764	82.30	79.57	161.87
General Inpatient Care	708.77	453.68	0.8764	397.61	255.09	652.70

Continuous Home Care Hourly Rate = $851.27 / 24 \text{ hours} = \35.47



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice of Citrus County
 Provider Number: 087536800-00
 County: Citrus(9)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8059	88.35	49.92	138.27
Continuous Home Care	930.27	639.19	0.8059	515.12	291.08	806.20
Inpatient Respite	173.48	93.91	0.8059	75.68	79.57	155.25
General Inpatient Care	708.77	453.68	0.8059	365.62	255.09	620.71

Continuous Home Care Hourly Rate = $806.20 / 24 \text{ hours} = \33.59



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Avow Hospice
 Provider Number: 087537600-00
 County: Collier(11)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9193	100.78	49.92	150.70
Continuous Home Care	930.27	639.19	0.9193	587.61	291.08	878.69
Inpatient Respite	173.48	93.91	0.9193	86.33	79.57	165.90
General Inpatient Care	708.77	453.68	0.9193	417.07	255.09	672.16

Continuous Home Care Hourly Rate = $878.69 / 24 \text{ hours} = \36.61



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice of Okeechobee
 Provider Number: 087538400-00
 County: Okeechobee(47)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8059	88.35	49.92	138.27
Continuous Home Care	930.27	639.19	0.8059	515.12	291.08	806.20
Inpatient Respite	173.48	93.91	0.8059	75.68	79.57	155.25
General Inpatient Care	708.77	453.68	0.8059	365.62	255.09	620.71

Continuous Home Care Hourly Rate = $806.20 / 24 \text{ hours} = \33.59



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Catholic Hospice
 Provider Number: 087569400-00
 County: Dade(13)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9962	109.21	49.92	159.13
Continuous Home Care	930.27	639.19	0.9962	636.76	291.08	927.84
Inpatient Respite	173.48	93.91	0.9962	93.55	79.57	173.12
General Inpatient Care	708.77	453.68	0.9962	451.96	255.09	707.05

Continuous Home Care Hourly Rate = $927.84 / 24 \text{ hours} = \38.66



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Gulfside Regional Hospice

Provider Number: 087570800-00

County: Pasco(51)

Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9160	100.42	49.92	150.34
Continuous Home Care	930.27	639.19	0.9160	585.50	291.08	876.58
Inpatient Respite	173.48	93.91	0.9160	86.02	79.57	165.59
General Inpatient Care	708.77	453.68	0.9160	415.57	255.09	670.66

Continuous Home Care Hourly Rate = $876.58 / 24 \text{ hours} = \36.52



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice of Gold Coast

Provider Number: 150000700-00

County: Broward(6)

Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	1.0475	114.84	49.92	164.76
Continuous Home Care	930.27	639.19	1.0475	669.55	291.08	960.63
Inpatient Respite	173.48	93.91	1.0475	98.37	79.57	177.94
General Inpatient Care	708.77	453.68	1.0475	475.23	255.09	730.32

Continuous Home Care Hourly Rate = $960.63 / 24 \text{ hours} = \40.03



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice Care of South Fl.

Provider Number: 150001500-00

County: Dade(13)

Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9962	109.21	49.92	159.13
Continuous Home Care	930.27	639.19	0.9962	636.76	291.08	927.84
Inpatient Respite	173.48	93.91	0.9962	93.55	79.57	173.12
General Inpatient Care	708.77	453.68	0.9962	451.96	255.09	707.05

Continuous Home Care Hourly Rate = $927.84 / 24 \text{ hours} = \38.66



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Florida Hospital Hospice Care
 Provider Number: 150003100-00
 County: Volusia(64)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8640	94.72	49.92	144.64
Continuous Home Care	930.27	639.19	0.8640	552.26	291.08	843.34
Inpatient Respite	173.48	93.91	0.8640	81.14	79.57	160.71
General Inpatient Care	708.77	453.68	0.8640	391.98	255.09	647.07

Continuous Home Care Hourly Rate = $843.34 / 24 \text{ hours} = \35.14



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice of Emerald Coast

Provider Number: 150009100-00

County: Bay(3)

Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8000	87.70	49.92	137.62
Continuous Home Care	930.27	639.19	0.8000	511.35	291.08	802.43
Inpatient Respite	173.48	93.91	0.8000	75.13	79.57	154.70
General Inpatient Care	708.77	453.68	0.8000	362.94	255.09	618.03

Continuous Home Care Hourly Rate = $802.43 / 24 \text{ hours} = \33.43



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Vitas Healthcare Corp of Florida - Congress Ave
 Provider Number: 150013900-00
 County: Palm Beach(50)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9686	106.19	49.92	156.11
Continuous Home Care	930.27	639.19	0.9686	619.12	291.08	910.20
Inpatient Respite	173.48	93.91	0.9686	90.96	79.57	170.53
General Inpatient Care	708.77	453.68	0.9686	439.43	255.09	694.52

Continuous Home Care Hourly Rate = $910.20 / 24 \text{ hours} = \37.92



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Good Shepherd Hospice, Inc
 Provider Number: 150021000-00
 County: Polk(53)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.8360	91.65	49.92	141.57
Continuous Home Care	930.27	639.19	0.8360	534.36	291.08	825.44
Inpatient Respite	173.48	93.91	0.8360	78.51	79.57	158.08
General Inpatient Care	708.77	453.68	0.8360	379.28	255.09	634.37

Continuous Home Care Hourly Rate = $825.44 / 24 \text{ hours} = \34.39



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: LifePath Hospice, Inc.
 Provider Number: 150022800-00
 County: Hillsborough(29)
 Effective Date: 10/01/2014

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	159.55	109.63	0.9160	100.42	49.92	150.34
Continuous Home Care	930.27	639.19	0.9160	585.50	291.08	876.58
Inpatient Respite	173.48	93.91	0.9160	86.02	79.57	165.59
General Inpatient Care	708.77	453.68	0.9160	415.57	255.09	670.66

Continuous Home Care Hourly Rate = $876.58 / 24 \text{ hours} = \36.52