



**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

<b>0001418-00</b>
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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : HCR Manor Care Services of Florida, Inc.  
 Provider Number : 0001418-00  
 County : Duval (16)  
 Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9117 ✓	101.55	50.72	152.27
<b>Continuous Home Care</b>	945.16	649.42	0.9117	592.08	295.74	887.82
<b>Inpatient Respite</b>	176.26	95.41	0.9117	86.99	80.85	167.84
<b>General Inpatient Care</b>	720.11	460.94	0.9117	420.24	259.17	679.41

Continuous Home Care Hourly Rate =  $887.82 / 24 \text{ hours} = \$36.99$  ✓



Florida Agency for Health Care Administration

0005324-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Samaritan Care Hospice of Osceola, LLC

Provider Number : 0005324-00

County : Orange (48)

Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9115 ✓	101.52	50.72	152.24
<b>Continuous Home Care</b>	945.16	649.42	0.9115	591.95	295.74	887.69
<b>Inpatient Respite</b>	176.26	95.41	0.9115	86.97	80.85	167.82
<b>General Inpatient Care</b>	720.11	460.94	0.9115	420.15	259.17	679.32

Continuous Home Care Hourly Rate =  $887.69 / 24 \text{ hours} = \$36.99$  ✓



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0006026-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Vitas Healthcare Corp of Central Florida  
 Provider Number : 0006026-00  
 County : Brevard (5)  
 Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8971 ✓	99.92	50.72	150.64
<b>Continuous Home Care</b>	945.16	649.42	0.8971	582.59	295.74	878.33
<b>Inpatient Respite</b>	176.26	95.41	0.8971	85.59	80.85	166.44
<b>General Inpatient Care</b>	720.11	460.94	0.8971	413.51	259.17	672.68

Continuous Home Care Hourly Rate = 878.33 / 24 hours = \$36.60 ✓



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0015728-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Odyssey Health Care Miami-Dade  
 Provider Number : 0015728-00  
 County : Dade (13)  
 Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9673✓	107.74	50.72	158.46
<b>Continuous Home Care</b>	945.16	649.42	0.9673	628.18	295.74	923.92
<b>Inpatient Respite</b>	176.26	95.41	0.9673	92.29	80.85	173.14
<b>General Inpatient Care</b>	720.11	460.94	0.9673	445.87	259.17	705.04

Continuous Home Care Hourly Rate = 923.92 / 24 hours = \$38.50 ✓



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<b>0016361-00</b>
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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Regency Hospice of NW Florida, Inc.  
 Provider Number : 0016361-00  
 County : Escambia (17)  
 Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8000 ✓	89.10	50.72	139.82
<b>Continuous Home Care</b>	945.16	649.42	0.8000	519.54	295.74	815.28
<b>Inpatient Respite</b>	176.26	95.41	0.8000	76.33	80.85	157.18
<b>General Inpatient Care</b>	720.11	460.94	0.8000	368.75	259.17	627.92

Continuous Home Care Hourly Rate = 815.28 / 24 hours = \$33.97 ✓



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**0027822-00**

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Seasons Hospice and Palliative Care of Southern FL  
 Provider Number : 0027822-00  
 County : Dade (13)  
 Effective Date : 10/01/2015

	<b>Daily Rate</b>	<b>Wage Component Subject to Index</b>	<b>County Index for Area</b>	<b>Wage Adjusted Wage Component</b>	<b>Non-Weighted Component</b>	<b>Wage Adjusted Rates for Area</b>
<b>Routine Home Care</b>	162.10	111.38	0.9673 ✓	107.74	50.72	158.46
<b>Continuous Home Care</b>	945.16	649.42	0.9673	628.18	295.74	923.92
<b>Inpatient Respite</b>	176.26	95.41	0.9673	92.29	80.85	173.14
<b>General Inpatient Care</b>	720.11	460.94	0.9673	445.87	259.17	705.04

Continuous Home Care Hourly Rate = 923.92 / 24 hours = \$38.50 ✓



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<b>0038153-00</b>
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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : HCR Manor Care of Florida III, Inc.  
 Provider Number : 0038153-00  
 County : Broward (6)  
 Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9952 ✓	110.85	50.72	161.57
<b>Continuous Home Care</b>	945.16	649.42	0.9952	646.30	295.74	942.04
<b>Inpatient Respite</b>	176.26	95.41	0.9952	94.95	80.85	175.80
<b>General Inpatient Care</b>	720.11	460.94	0.9952	458.73	259.17	717.90

Continuous Home Care Hourly Rate = 942.04 / 24 hours = \$39.25 ✓



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0042448-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : HCR Manor Care Services of FL II, Inc.  
 Provider Number : 0042448-00  
 County : Dade (13)  
 Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9673 ✓	107.74	50.72	158.46
<b>Continuous Home Care</b>	945.16	649.42	0.9673	628.18	295.74	923.92
<b>Inpatient Respite</b>	176.26	95.41	0.9673	92.29	80.85	173.14
<b>General Inpatient Care</b>	720.11	460.94	0.9673	445.87	259.17	705.04

Continuous Home Care Hourly Rate = 923.92 / 24 hours = \$38.50 ✓





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<b>0045794-00</b>
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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Compassionate Care Hospice of Miami Dade, Inc.  
 Provider Number : 0045794-00  
 County : Polk (53)  
 Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8246 ✓	91.84	50.72	142.56
<b>Continuous Home Care</b>	945.16	649.42	0.8246	535.51	295.74	831.25
<b>Inpatient Respite</b>	176.26	95.41	0.8246	78.68	80.85	159.53
<b>General Inpatient Care</b>	720.11	460.94	0.8246	380.09	259.17	639.26

Continuous Home Care Hourly Rate = 831.25 / 24 hours = \$34.64 ✓



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0136561-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Brevard HMA Hospice  
Provider Number : 0136561-00  
County : Brevard (5)  
Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8971 ✓	99.92	50.72	150.64
<b>Continuous Home Care</b>	945.16	649.42	0.8971	582.59	295.74	878.33
<b>Inpatient Respite</b>	176.26	95.41	0.8971	85.59	80.85	166.44
<b>General Inpatient Care</b>	720.11	460.94	0.8971	413.51	259.17	672.68

Continuous Home Care Hourly Rate = 878.33 / 24 hours = \$36.60 ✓



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0140437-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hernando-Pasco Hospice  
Provider Number : 0140437-00  
County : Pasco (51)  
Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9076 ✓	101.09	50.72	151.81
<b>Continuous Home Care</b>	945.16	649.42	0.9076	589.41	295.74	885.15
<b>Inpatient Respite</b>	176.26	95.41	0.9076	86.59	80.85	167.44
<b>General Inpatient Care</b>	720.11	460.94	0.9076	418.35	259.17	677.52

Continuous Home Care Hourly Rate =  $885.15 / 24 \text{ hours} = \$36.88$  ✓



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0141900-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Compassionate Care Hospice of Miami Dade and the Florida Keys

Provider Number : 0141900-00

County : Dade (13)

Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9673 ✓	107.74	50.72	158.46
<b>Continuous Home Care</b>	945.16	649.42	0.9673	628.18	295.74	923.92
<b>Inpatient Respite</b>	176.26	95.41	0.9673	92.29	80.85	173.14
<b>General Inpatient Care</b>	720.11	460.94	0.9673	445.87	259.17	705.04

Continuous Home Care Hourly Rate =  $923.92 / 24 \text{ hours} = \$38.50$  ✓



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0152197-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Compassionate Care Hospice of Central Florida

Provider Number : 0152197-00

County : Polk (53)

Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8246 ✓	91.84	50.72	142.56
<b>Continuous Home Care</b>	945.16	649.42	0.8246	535.51	295.74	831.25
<b>Inpatient Respite</b>	176.26	95.41	0.8246	78.68	80.85	159.53
<b>General Inpatient Care</b>	720.11	460.94	0.8246	380.09	259.17	639.26

Continuous Home Care Hourly Rate = 831.25 / 24 hours = \$34.64 ✓



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0153280-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Seasons Hospice & Palliative Care Broward FL LLC  
 Provider Number : 0153280-00  
 County : Broward (6)  
 Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9952 ✓	110.85	50.72	161.57
<b>Continuous Home Care</b>	945.16	649.42	0.9952	646.30	295.74	942.04
<b>Inpatient Respite</b>	176.26	95.41	0.9952	94.95	80.85	175.80
<b>General Inpatient Care</b>	720.11	460.94	0.9952	458.73	259.17	717.90

Continuous Home Care Hourly Rate = 942.04 / 24 hours = \$39.25 ✓



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0870005-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of I.R.C.

Provider Number : 0870005-00

County : Indian River (31)

Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8821✓	98.25	50.72	148.97
<b>Continuous Home Care</b>	945.16	649.42	0.8821	572.85	295.74	868.59
<b>Inpatient Respite</b>	176.26	95.41	0.8821	84.16	80.85	165.01
<b>General Inpatient Care</b>	720.11	460.94	0.8821	406.60	259.17	665.77

Continuous Home Care Hourly Rate =  $868.59 / 24 \text{ hours} = \$36.19$  ✓



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0872466-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Vitas Healthcare Corporation - Dade County

Provider Number : 0872466-00

County : Dade (13)

Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9673 ✓	107.74	50.72	158.46
<b>Continuous Home Care</b>	945.16	649.42	0.9673	628.18	295.74	923.92
<b>Inpatient Respite</b>	176.26	95.41	0.9673	92.29	80.85	173.14
<b>General Inpatient Care</b>	720.11	460.94	0.9673	445.87	259.17	705.04

Continuous Home Care Hourly Rate =  $923.92 / 24 \text{ hours} = \$38.50$  ✓





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0872555-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : St. Francis Hospice  
 Provider Number : 0872555-00  
 County : Brevard (5)  
 Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8971 ✓	99.92	50.72	150.64
<b>Continuous Home Care</b>	945.16	649.42	0.8971	582.59	295.74	878.33
<b>Inpatient Respite</b>	176.26	95.41	0.8971	85.59	80.85	166.44
<b>General Inpatient Care</b>	720.11	460.94	0.8971	413.51	259.17	672.68

Continuous Home Care Hourly Rate = 878.33 / 24 hours = \$36.60 ✓



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<b>0872563-00</b>
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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of the Comforter  
 Provider Number : 0872563-00  
 County : Seminole (59)  
 Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9115 ✓	101.52	50.72	152.24
<b>Continuous Home Care</b>	945.16	649.42	0.9115	591.95	295.74	887.69
<b>Inpatient Respite</b>	176.26	95.41	0.9115	86.97	80.85	167.82
<b>General Inpatient Care</b>	720.11	460.94	0.9115	420.15	259.17	679.32

Continuous Home Care Hourly Rate = 887.69 / 24 hours = \$36.99 /



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<b>0874078-00</b>
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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Community Hospice of Northeast  
 Provider Number : 0874078-00  
 County : Duval (16)  
 Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9117 ✓	101.55	50.72	152.27
<b>Continuous Home Care</b>	945.16	649.42	0.9117	592.08	295.74	887.82
<b>Inpatient Respite</b>	176.26	95.41	0.9117	86.99	80.85	167.84
<b>General Inpatient Care</b>	720.11	460.94	0.9117	420.24	259.17	679.41

Continuous Home Care Hourly Rate =  $887.82 / 24 \text{ hours} = \$36.99$  ✓



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0875147-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of Martin & St. Lucie

Provider Number : 0875147-00

County : Martin (43)

Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9159 ✓	102.01	50.72	152.73
<b>Continuous Home Care</b>	945.16	649.42	0.9159	594.80	295.74	890.54
<b>Inpatient Respite</b>	176.26	95.41	0.9159	87.39	80.85	168.24
<b>General Inpatient Care</b>	720.11	460.94	0.9159	422.17	259.17	681.34

Continuous Home Care Hourly Rate =  $890.54 / 24 \text{ hours} = \$37.11$  ✓



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<b>0875163-00</b>
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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of Palm Beach County  
 Provider Number : 0875163-00  
 County : Palm Beach (50)  
 Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9277 ✓	103.33	50.72	154.05
<b>Continuous Home Care</b>	945.16	649.42	0.9277	602.47	295.74	898.21
<b>Inpatient Respite</b>	176.26	95.41	0.9277	88.51	80.85	169.36
<b>General Inpatient Care</b>	720.11	460.94	0.9277	427.61	259.17	686.78

Continuous Home Care Hourly Rate = 898.21 / 24 hours = \$37.43 ✓



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0875171-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Covenant Hospice, Inc  
 Provider Number : 0875171-00  
 County : Escambia (17)  
 Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8000 ✓	89.10	50.72	139.82
<b>Continuous Home Care</b>	945.16	649.42	0.8000	519.54	295.74	815.28
<b>Inpatient Respite</b>	176.26	95.41	0.8000	76.33	80.85	157.18
<b>General Inpatient Care</b>	720.11	460.94	0.8000	368.75	259.17	627.92

Continuous Home Care Hourly Rate = 815.28 / 24 hours = \$33.97 ✓



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0875198-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : North Central Florida Hospice  
Provider Number : 0875198-00  
County : Alachua (1)  
Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8891 ✓	99.03	50.72	149.75
<b>Continuous Home Care</b>	945.16	649.42	0.8891	577.40	295.74	873.14
<b>Inpatient Respite</b>	176.26	95.41	0.8891	84.83	80.85	165.68
<b>General Inpatient Care</b>	720.11	460.94	0.8891	409.82	259.17	668.99

Continuous Home Care Hourly Rate =  $873.14 / 24 \text{ hours} = \$36.38$  ✓



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0875201-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of Marion County  
Provider Number : 0875201-00  
County : Marion (42)  
Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8302 ✓	92.47	50.72	143.19
<b>Continuous Home Care</b>	945.16	649.42	0.8302	539.15	295.74	834.89
<b>Inpatient Respite</b>	176.26	95.41	0.8302	79.21	80.85	160.06
<b>General Inpatient Care</b>	720.11	460.94	0.8302	382.67	259.17	641.84

Continuous Home Care Hourly Rate =  $834.89 / 24 \text{ hours} = \$34.79$  ✓





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0875228-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of Health First  
Provider Number : 0875228-00  
County : Brevard (5)  
Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8971 ✓	99.92	50.72	150.64
<b>Continuous Home Care</b>	945.16	649.42	0.8971	582.59	295.74	878.33
<b>Inpatient Respite</b>	176.26	95.41	0.8971	85.59	80.85	166.44
<b>General Inpatient Care</b>	720.11	460.94	0.8971	413.51	259.17	672.68

Continuous Home Care Hourly Rate = 878.33 / 24 hours = \$36.60 ✓



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<b>0875236-00</b>
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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of Volusia  
 Provider Number : 0875236-00  
 County : Volusia (64)  
 Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8376 ✓	93.29	50.72	144.01
<b>Continuous Home Care</b>	945.16	649.42	0.8376	543.95	295.74	839.69
<b>Inpatient Respite</b>	176.26	95.41	0.8376	79.92	80.85	160.77
<b>General Inpatient Care</b>	720.11	460.94	0.8376	386.08	259.17	645.25

Continuous Home Care Hourly Rate = 839.69 / 24 hours = \$34.99 ✓



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0875244-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Big Bend Hospice  
Provider Number : 0875244-00  
County : Leon (37)  
Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8000✓	89.10	50.72	139.82
<b>Continuous Home Care</b>	945.16	649.42	0.8000	519.54	295.74	815.28
<b>Inpatient Respite</b>	176.26	95.41	0.8000	76.33	80.85	157.18
<b>General Inpatient Care</b>	720.11	460.94	0.8000	368.75	259.17	627.92

Continuous Home Care Hourly Rate =  $815.28 / 24 \text{ hours} = \$33.97$  ✓



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0875252-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of the Florida Keys, Inc.

Provider Number : 0875252-00

County : Monroe (44)

Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8371 ✓	93.24	50.72	143.96
<b>Continuous Home Care</b>	945.16	649.42	0.8371	543.63	295.74	839.37
<b>Inpatient Respite</b>	176.26	95.41	0.8371	79.87	80.85	160.72
<b>General Inpatient Care</b>	720.11	460.94	0.8371	385.85	259.17	645.02

Continuous Home Care Hourly Rate =  $839.37 / 24 \text{ hours} = \$34.97$  ✓



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0875261-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of Lake and Sumter  
Provider Number : 0875261-00  
County : Lake (35)  
Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9115 ✓	101.52	50.72	152.24
<b>Continuous Home Care</b>	945.16	649.42	0.9115	591.95	295.74	887.69
<b>Inpatient Respite</b>	176.26	95.41	0.9115	86.97	80.85	167.82
<b>General Inpatient Care</b>	720.11	460.94	0.9115	420.15	259.17	679.32

Continuous Home Care Hourly Rate =  $887.69 / 24 \text{ hours} = \$36.99$  ✓



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Tidewell Hospice & Palliative Care  
 Provider Number : 0875279-00  
 County : Sarasota (58)  
 Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9478 ✓	105.57	50.72	156.29
<b>Continuous Home Care</b>	945.16	649.42	0.9478	615.52	295.74	911.26
<b>Inpatient Respite</b>	176.26	95.41	0.9478	90.43	80.85	171.28
<b>General Inpatient Care</b>	720.11	460.94	0.9478	436.88	259.17	696.05

Continuous Home Care Hourly Rate = 911.26 / 24 hours = \$37.97 ✓



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0875287-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of the Treasure Coast

Provider Number : 0875287-00

County : St Lucie (56)

Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9159 ✓	102.01	50.72	152.73
<b>Continuous Home Care</b>	945.16	649.42	0.9159	594.80	295.74	890.54
<b>Inpatient Respite</b>	176.26	95.41	0.9159	87.39	80.85	168.24
<b>General Inpatient Care</b>	720.11	460.94	0.9159	422.17	259.17	681.34

Continuous Home Care Hourly Rate =  $890.54 / 24 \text{ hours} = \$37.11$  ✓



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0875295-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice by the Sea

Provider Number : 0875295-00

County : Palm Beach (50)

Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9277 ✓	103.33	50.72	154.05
<b>Continuous Home Care</b>	945.16	649.42	0.9277	602.47	295.74	898.21
<b>Inpatient Respite</b>	176.26	95.41	0.9277	88.51	80.85	169.36
<b>General Inpatient Care</b>	720.11	460.94	0.9277	427.61	259.17	686.78

Continuous Home Care Hourly Rate =  $898.21 / 24 \text{ hours} = \$37.43$  ✓





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0875325-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of the Florida Suncoast

Provider Number : 0875325-00

County : Pinellas (52)

Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9076 ✓	101.09	50.72	151.81
<b>Continuous Home Care</b>	945.16	649.42	0.9076	589.41	295.74	885.15
<b>Inpatient Respite</b>	176.26	95.41	0.9076	86.59	80.85	167.44
<b>General Inpatient Care</b>	720.11	460.94	0.9076	418.35	259.17	677.52

Continuous Home Care Hourly Rate =  $885.15 / 24 \text{ hours} = \$36.88$  ✓



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0875350-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hope Hospice & Palliative Care

Provider Number : 0875350-00

County : Lee (36)

Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9253 ✓	103.06	50.72	153.78
<b>Continuous Home Care</b>	945.16	649.42	0.9253	600.91	295.74	896.65
<b>Inpatient Respite</b>	176.26	95.41	0.9253	88.28	80.85	169.13
<b>General Inpatient Care</b>	720.11	460.94	0.9253	426.51	259.17	685.68

Continuous Home Care Hourly Rate =  $896.65 / 24 \text{ hours} = \$37.36$  ✓



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0875368-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of Citrus County  
Provider Number : 0875368-00  
County : Citrus (9)  
Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8000 ✓	89.10	50.72	139.82
<b>Continuous Home Care</b>	945.16	649.42	0.8000	519.54	295.74	815.28
<b>Inpatient Respite</b>	176.26	95.41	0.8000	76.33	80.85	157.18
<b>General Inpatient Care</b>	720.11	460.94	0.8000	368.75	259.17	627.92

Continuous Home Care Hourly Rate =  $815.28 / 24 \text{ hours} = \$33.97$  ✓



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0875376-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Avow Hospice  
Provider Number : 0875376-00  
County : Collier (11)  
Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8752 ✓	97.48	50.72	148.20
<b>Continuous Home Care</b>	945.16	649.42	0.8752	568.37	295.74	864.11
<b>Inpatient Respite</b>	176.26	95.41	0.8752	83.50	80.85	164.35
<b>General Inpatient Care</b>	720.11	460.94	0.8752	403.41	259.17	662.58

Continuous Home Care Hourly Rate =  $864.11 / 24 \text{ hours} = \$36.00$  ✓



Florida Agency for Health Care Administration

0875384-00

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Okeechobee  
Provider Number : 0875384-00  
County : Okeechobee (47)  
Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8371 ✓	93.24	50.72	143.96
<b>Continuous Home Care</b>	945.16	649.42	0.8371	543.63	295.74	839.37
<b>Inpatient Respite</b>	176.26	95.41	0.8371	79.87	80.85	160.72
<b>General Inpatient Care</b>	720.11	460.94	0.8371	385.85	259.17	645.02

Continuous Home Care Hourly Rate = 839.37 / 24 hours = \$34.97 ✓



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0875694-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Catholic Hospice

Provider Number : 0875694-00

County : Dade (13)

Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9673 ✓	107.74	50.72	158.46
<b>Continuous Home Care</b>	945.16	649.42	0.9673	628.18	295.74	923.92
<b>Inpatient Respite</b>	176.26	95.41	0.9673	92.29	80.85	173.14
<b>General Inpatient Care</b>	720.11	460.94	0.9673	445.87	259.17	705.04

Continuous Home Care Hourly Rate =  $923.92 / 24 \text{ hours} = \$38.50$  ✓



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0875708-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Gulfside Regional Hospice

Provider Number : 0875708-00

County : Pasco (51)

Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9076 ✓	101.09	50.72	151.81
<b>Continuous Home Care</b>	945.16	649.42	0.9076	589.41	295.74	885.15
<b>Inpatient Respite</b>	176.26	95.41	0.9076	86.59	80.85	167.44
<b>General Inpatient Care</b>	720.11	460.94	0.9076	418.35	259.17	677.52

Continuous Home Care Hourly Rate =  $885.15 / 24 \text{ hours} = \$36.88$  ✓



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1500007-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of Gold Coast  
Provider Number : 1500007-00  
County : Broward (6)  
Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9952 ✓	110.85	50.72	161.57
<b>Continuous Home Care</b>	945.16	649.42	0.9952	646.30	295.74	942.04
<b>Inpatient Respite</b>	176.26	95.41	0.9952	94.95	80.85	175.80
<b>General Inpatient Care</b>	720.11	460.94	0.9952	458.73	259.17	717.90

Continuous Home Care Hourly Rate =  $942.04 / 24 \text{ hours} = \$39.25$  ✓





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1500015-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice Care of South Fl.

Provider Number : 1500015-00

County : Dade (13)

Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.9673 ✓	107.74	50.72	158.46
<b>Continuous Home Care</b>	945.16	649.42	0.9673	628.18	295.74	923.92
<b>Inpatient Respite</b>	176.26	95.41	0.9673	92.29	80.85	173.14
<b>General Inpatient Care</b>	720.11	460.94	0.9673	445.87	259.17	705.04

Continuous Home Care Hourly Rate =  $923.92 / 24 \text{ hours} = \$38.50$  ✓



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1500031-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Florida Hospital Hospice Care  
 Provider Number : 1500031-00  
 County : Volusia (64)  
 Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8376 ✓	93.29	50.72	144.01
<b>Continuous Home Care</b>	945.16	649.42	0.8376	543.95	295.74	839.69
<b>Inpatient Respite</b>	176.26	95.41	0.8376	79.92	80.85	160.77
<b>General Inpatient Care</b>	720.11	460.94	0.8376	386.08	259.17	645.25

Continuous Home Care Hourly Rate = 839.69 / 24 hours = \$34.99 ✓



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<b>1500091-00</b>
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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of Emerald Coast  
 Provider Number : 1500091-00  
 County : Bay (3)  
 Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8000 ✓	89.10	50.72	139.82
<b>Continuous Home Care</b>	945.16	649.42	0.8000	519.54	295.74	815.28
<b>Inpatient Respite</b>	176.26	95.41	0.8000	76.33	80.85	157.18
<b>General Inpatient Care</b>	720.11	460.94	0.8000	368.75	259.17	627.92

Continuous Home Care Hourly Rate = 815.28 / 24 hours = \$33.97 ✓



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1500139-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Vitas Healthcare Corp of Florida - Congress Ave  
Provider Number : 1500139-00  
County : Palm Beach (50)  
Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
Routine Home Care	162.10	111.38	0.9277 ✓	103.33	50.72	154.05
Continuous Home Care	945.16	649.42	0.9277	602.47	295.74	898.21
Inpatient Respite	176.26	95.41	0.9277	88.51	80.85	169.36
General Inpatient Care	720.11	460.94	0.9277	427.61	259.17	686.78

Continuous Home Care Hourly Rate =  $898.21 / 24 \text{ hours} = \$37.43$  ✓



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1500210-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Good Shepherd Hospice, Inc  
Provider Number : 1500210-00  
County : Polk (53)  
Effective Date : 10/01/2015

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	162.10	111.38	0.8246 ✓	91.84	50.72	142.56
<b>Continuous Home Care</b>	945.16	649.42	0.8246	535.51	295.74	831.25
<b>Inpatient Respite</b>	176.26	95.41	0.8246	78.68	80.85	159.53
<b>General Inpatient Care</b>	720.11	460.94	0.8246	380.09	259.17	639.26

Continuous Home Care Hourly Rate =  $831.25 / 24 \text{ hours} = \$34.64$  /



Florida Agency for Health Care Administration

1500228-00

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : LifePath Hospice, Inc.
Provider Number : 1500228-00
County : Hillsborough (29)
Effective Date : 10/01/2015

Table with 7 columns: Daily Rate, Wage Component Subject to Index, County Index for Area, Wage Adjusted Wage Component, Non-Weighted Component, Wage Adjusted Rates for Area. Rows include Routine Home Care, Continuous Home Care, Inpatient Respite, and General Inpatient Care.

Continuous Home Care Hourly Rate = 885.15 / 24 hours = \$36.88 ✓