



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

0001418-00

**Hospice Care Reimbursement Rate Calculation Sheet**

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

Provider Number : 0001418-00

County : Duval (16)

Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9117	117.19	58.54	175.73
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9117	92.10	46.00	138.10
<b>Continuous Home Care</b>	945.16	649.42	0.9117	592.08	295.74	887.82
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9117	24.67	12.32	36.99
<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 =  $887.82 / 24 \text{ hours} = \$36.99$

Continuous Home Care - SIA Rate =  $36.99 / 4 \text{ quarters} = \$9.25$



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Samaritan Care Hospice of Osceola, LLC  
 Provider Number : 0005324-00  
 County : Orange (48)  
 Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9115	117.16	58.54	175.70
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9115	92.08	46.00	138.08
<b>Continuous Home Care</b>	945.16	649.42	0.9115	591.95	295.74	887.69
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9115	24.67	12.32	36.99
<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 =  $887.69 / 24 \text{ hours} = \$36.99$

Continuous Home Care - SIA Rate =  $36.99 / 4 \text{ quarters} = \$9.25$



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Vitas Healthcare Corp of Central Florida

Provider Number : 0006026-00

County : Brevard (5)

Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.8971	115.31	58.54	173.85
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.8971	90.63	46.00	136.63
<b>Continuous Home Care</b>	945.16	649.42	0.8971	582.59	295.74	878.33
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.8971	24.28	12.32	36.60
<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 =  $878.33 / 24 \text{ hours} = \$36.60$

Continuous Home Care - SIA Rate =  $36.60 / 4 \text{ quarters} = \$9.15$



Florida Agency for Health Care Administration

0015728-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Odyssey Health Care Miami-Dade

Provider Number : 0015728-00

County : Dade (13)

Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9673	124.34	58.54	182.88
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9673	97.72	46.00	143.72
<b>Continuous Home Care</b>	945.16	649.42	0.9673	628.18	295.74	923.92
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9673	26.18	12.32	38.50
<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

Continuous Home Care - SIA Rate = 38.50 / 4 quarters = \$9.62



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0016361-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Regency Hospice of NW Florida, Inc.

Provider Number : 0016361-00

County : Escambia (17)

Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.8000	102.83	58.54	161.37
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.8000	80.82	46.00	126.82
<b>Continuous Home Care</b>	945.16	649.42	0.8000	519.54	295.74	815.28
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.8000	21.65	12.32	33.97
<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 =  $815.28 / 24 \text{ hours} = \$33.97$

Continuous Home Care - SIA Rate =  $33.97 / 4 \text{ quarters} = \$8.49$



**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 : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9673	124.34	58.54	182.88
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9673	97.72	46.00	143.72
<b>Continuous Home Care</b>	945.16	649.42	0.9673	628.18	295.74	923.92
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9673	26.18	12.32	38.50
<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 =  $923.92 / 24 \text{ hours} = \$38.50$

Continuous Home Care - SIA Rate =  $38.50 / 4 \text{ quarters} = \$9.62$



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : HCR Manor Care of Florida III, Inc.  
 Provider Number : 0038153-00  
 County : Broward (6)  
 Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9952	127.92	58.54	186.46
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9952	100.54	46.00	146.54
<b>Continuous Home Care</b>	945.16	649.42	0.9952	646.30	295.74	942.04
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9952	26.93	12.32	39.25
<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

Continuous Home Care - SIA Rate = 39.25 / 4 quarters = \$9.81



Florida Agency for Health Care Administration

0042448-00

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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 : 01/01/2016

Table with 7 columns: Category, 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 (1-60), Routine Home Care (61 +), Continuous Home Care, Continuous Home Care - SIA, Inpatient Respite, and General Inpatient Care.

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

Continuous Home Care - SIA Rate = 38.50 / 4 quarters = \$9.62





**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Compassionate Care Hospice of Miami Dade, Inc.  
 Provider Number : 0045794-00  
 County : Polk (53)  
 Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.8246	105.99	58.54	164.53
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.8246	83.30	46.00	129.30
<b>Continuous Home Care</b>	945.16	649.42	0.8246	535.51	295.74	831.25
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.8246	22.31	12.32	34.63
<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

Continuous Home Care - SIA Rate = 34.63 / 4 quarters = \$8.66



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Brevard HMA Hospice  
 Provider Number : 0136561-00  
 County : Brevard (5)  
 Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.8971	115.31	58.54	173.85
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.8971	90.63	46.00	136.63
<b>Continuous Home Care</b>	945.16	649.42	0.8971	582.59	295.74	878.33
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.8971	24.28	12.32	36.60
<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 =  $878.33 / 24 \text{ hours} = \$36.60$

Continuous Home Care - SIA Rate =  $36.60 / 4 \text{ quarters} = \$9.15$



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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 : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9076	116.66	58.54	175.20
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9076	91.69	46.00	137.69
<b>Continuous Home Care</b>	945.16	649.42	0.9076	589.41	295.74	885.15
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9076	24.56	12.32	36.88
<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 =  $885.15 / 24 \text{ hours} = \$36.88$

Continuous Home Care - SIA Rate =  $36.88 / 4 \text{ quarters} = \$9.22$



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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 : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9673	124.34	58.54	182.88
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9673	97.72	46.00	143.72
<b>Continuous Home Care</b>	945.16	649.42	0.9673	628.18	295.74	923.92
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9673	26.18	12.32	38.50
<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 =  $923.92 / 24 \text{ hours} = \$38.50$

Continuous Home Care - SIA Rate =  $38.50 / 4 \text{ quarters} = \$9.62$



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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 : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.8246	105.99	58.54	164.53
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.8246	83.30	46.00	129.30
<b>Continuous Home Care</b>	945.16	649.42	0.8246	535.51	295.74	831.25
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.8246	22.31	12.32	34.63
<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 =  $831.25 / 24 \text{ hours} = \$34.64$

Continuous Home Care - SIA Rate =  $34.63 / 4 \text{ quarters} = \$8.66$



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Seasons Hospice & Palliative Care Broward FL LLC  
 Provider Number : 0153280-00  
 County : Broward (6)  
 Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9952	127.92	58.54	186.46
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9952	100.54	46.00	146.54
<b>Continuous Home Care</b>	945.16	649.42	0.9952	646.30	295.74	942.04
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9952	26.93	12.32	39.25
<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 =  $942.04 / 24 \text{ hours} = \$39.25$

Continuous Home Care - SIA Rate =  $39.25 / 4 \text{ quarters} = \$9.81$



Florida Agency for Health Care Administration

0870005-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of I.R.C.

Provider Number : 0870005-00

County : Indian River (31)

Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.8821	113.39	58.54	171.93
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.8821	89.11	46.00	135.11
<b>Continuous Home Care</b>	945.16	649.42	0.8821	572.85	295.74	868.59
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.8821	23.87	12.32	36.19
<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 hours = \$36.19

Continuous Home Care - SIA Rate = 36.19 / 4 quarters = \$9.05



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Vitas Healthcare Corporation - Dade County  
 Provider Number : 0872466-00  
 County : Dade (13)  
 Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9673	124.34	58.54	182.88
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9673	97.72	46.00	143.72
<b>Continuous Home Care</b>	945.16	649.42	0.9673	628.18	295.74	923.92
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9673	26.18	12.32	38.50
<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 =  $923.92 / 24 \text{ hours} = \$38.50$

Continuous Home Care - SIA Rate =  $38.50 / 4 \text{ quarters} = \$9.62$





Florida Agency for Health Care Administration

0872555-00

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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : St. Francis Hospice

Provider Number : 0872555-00

County : Brevard (5)

Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.8971	115.31	58.54	173.85
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.8971	90.63	46.00	136.63
<b>Continuous Home Care</b>	945.16	649.42	0.8971	582.59	295.74	878.33
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.8971	24.28	12.32	36.60
<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

Continuous Home Care - SIA Rate = 36.60 / 4 quarters = \$9.15



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of the Comforter  
 Provider Number : 0872563-00  
 County : Seminole (59)  
 Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9115	117.16	58.54	175.70
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9115	92.08	46.00	138.08
<b>Continuous Home Care</b>	945.16	649.42	0.9115	591.95	295.74	887.69
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9115	24.67	12.32	36.99
<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

Continuous Home Care - SIA Rate = 36.99 / 4 quarters = \$9.25



Florida Agency for Health Care Administration

0874078-00

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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 : 01/01/2016

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 (1-60), Routine Home Care (61 +), Continuous Home Care, Continuous Home Care - SIA, Inpatient Respite, and General Inpatient Care.

Continuous Home Care Hourly Rate = 887.82 / 24 hours = \$36.99

Continuous Home Care - SIA Rate = 36.99 / 4 quarters = \$9.25



Florida Agency for Health Care Administration

0875147-00

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Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Martin & St. Lucie
Provider Number : 0875147-00
County : Martin (43)
Effective Date : 01/01/2016

Table with 7 columns: Service Type, 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 (1-60), Routine Home Care (61 +), Continuous Home Care, Continuous Home Care - SIA, Inpatient Respite, and General Inpatient Care.

Continuous Home Care Hourly Rate = 890.54 / 24 hours = \$37.11

Continuous Home Care - SIA Rate = 37.10 / 4 quarters = \$9.28



Florida Agency for Health Care Administration

0875155-00

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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hernando-Pasco Hospice, Inc.

Provider Number : 0875155-00

County : Pasco (51)

Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9076	116.66	58.54	175.20
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9076	91.69	46.00	137.69
<b>Continuous Home Care</b>	945.16	649.42	0.9076	589.41	295.74	885.15
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9076	24.56	12.32	36.88
<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 hours = \$36.88

Continuous Home Care - SIA Rate = 36.88 / 4 quarters = \$9.22



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0875163-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of Palm Beach County

Provider Number : 0875163-00

County : Palm Beach (50)

Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9277	119.25	58.54	177.79
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9277	93.72	46.00	139.72
<b>Continuous Home Care</b>	945.16	649.42	0.9277	602.47	295.74	898.21
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9277	25.10	12.32	37.42
<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 =  $898.21 / 24 \text{ hours} = \$37.43$

Continuous Home Care - SIA Rate =  $37.42 / 4 \text{ quarters} = \$9.36$



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0875171-00

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Covenant Hospice, Inc
Provider Number : 0875171-00
County : Escambia (17)
Effective Date : 01/01/2016

Table with 7 columns: Service Type, 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 (1-60), Routine Home Care (61 +), Continuous Home Care, Continuous Home Care - SIA, Inpatient Respite, and General Inpatient Care.

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

Continuous Home Care - SIA Rate = 33.97 / 4 quarters = \$8.49



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : North Central Florida Hospice  
 Provider Number : 0875198-00  
 County : Alachua (1)  
 Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.8891	114.28	58.54	172.82
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.8891	89.82	46.00	135.82
<b>Continuous Home Care</b>	945.16	649.42	0.8891	577.40	295.74	873.14
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.8891	24.06	12.32	36.38
<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 hours = \$36.38

Continuous Home Care - SIA Rate = 36.38 / 4 quarters = \$9.09





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0875201-00

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Marion County
Provider Number : 0875201-00
County : Marion (42)
Effective Date : 01/01/2016

Table with 7 columns: Service Type, 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 (1-60), Routine Home Care (61 +), Continuous Home Care, Continuous Home Care - SIA, Inpatient Respite, and General Inpatient Care.

Continuous Home Care Hourly Rate = 834.89 / 24 hours = \$34.79

Continuous Home Care - SIA Rate = 34.79 / 4 quarters = \$8.70



Florida Agency for Health Care Administration

0875228-00

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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of Health First

Provider Number : 0875228-00

County : Brevard (5)

Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.8971	115.31	58.54	173.85
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.8971	90.63	46.00	136.63
<b>Continuous Home Care</b>	945.16	649.42	0.8971	582.59	295.74	878.33
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.8971	24.28	12.32	36.60
<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

Continuous Home Care - SIA Rate = 36.60 / 4 quarters = \$9.15



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0875236-00

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Volusia
Provider Number : 0875236-00
County : Volusia (64)
Effective Date : 01/01/2016

Table with 7 columns: Service Type, 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 (1-60), Routine Home Care (61 +), Continuous Home Care, Continuous Home Care - SIA, Inpatient Respite, and General Inpatient Care.

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

Continuous Home Care - SIA Rate = 34.99 / 4 quarters = \$8.75



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0875244-00

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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Big Bend Hospice

Provider Number : 0875244-00

County : Leon (37)

Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.8000	102.83	58.54	161.37
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.8000	80.82	46.00	126.82
<b>Continuous Home Care</b>	945.16	649.42	0.8000	519.54	295.74	815.28
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.8000	21.65	12.32	33.97
<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

Continuous Home Care - SIA Rate = 33.97 / 4 quarters = \$8.49



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0875252-00

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of the Florida Keys, Inc.
Provider Number : 0875252-00
County : Monroe (44)
Effective Date : 01/01/2016

Table with 7 columns: Service Type, 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 (1-60), Routine Home Care (61 +), Continuous Home Care, Continuous Home Care - SIA, Inpatient Respite, and General Inpatient Care.

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

Continuous Home Care - SIA Rate = 34.97 / 4 quarters = \$8.74



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0875261-00

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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of Lake and Sumter

Provider Number : 0875261-00

County : Lake (35)

Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9115	117.16	58.54	175.70
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9115	92.08	46.00	138.08
<b>Continuous Home Care</b>	945.16	649.42	0.9115	591.95	295.74	887.69
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9115	24.67	12.32	36.99
<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

Continuous Home Care - SIA Rate = 36.99 / 4 quarters = \$9.25



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0875279-00

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Tidewell Hospice & Palliative Care  
 Provider Number : 0875279-00  
 County : Sarasota (58)  
 Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9478	121.83	58.54	180.37
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9478	95.75	46.00	141.75
<b>Continuous Home Care</b>	945.16	649.42	0.9478	615.52	295.74	911.26
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9478	25.65	12.32	37.97
<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

Continuous Home Care - SIA Rate = 37.97 / 4 quarters = \$9.49



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0875287-00

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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of the Treasure Coast

Provider Number : 0875287-00

County : St Lucie (56)

Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9159	117.73	58.54	176.27
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9159	92.52	46.00	138.52
<b>Continuous Home Care</b>	945.16	649.42	0.9159	594.80	295.74	890.54
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9159	24.78	12.32	37.10
<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 hours = \$37.11

Continuous Home Care - SIA Rate = 37.10 / 4 quarters = \$9.28





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0875295-00

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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice by the Sea

Provider Number : 0875295-00

County : Palm Beach (50)

Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9277	119.25	58.54	177.79
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9277	93.72	46.00	139.72
<b>Continuous Home Care</b>	945.16	649.42	0.9277	602.47	295.74	898.21
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9277	25.10	12.32	37.42
<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

Continuous Home Care - SIA Rate = 37.42 / 4 quarters = \$9.36



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0875325-00

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of the Florida Suncoast
Provider Number : 0875325-00
County : Pinellas (52)
Effective Date : 01/01/2016

Table with 7 columns: Service Type, 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 (1-60), Routine Home Care (61 +), Continuous Home Care, Continuous Home Care - SIA, Inpatient Respite, and General Inpatient Care.

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

Continuous Home Care - SIA Rate = 36.88 / 4 quarters = \$9.22



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0875350-00

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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hope Hospice & Palliative Care

Provider Number : 0875350-00

County : Lee (36)

Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9253	118.94	58.54	177.48
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9253	93.47	46.00	139.47
<b>Continuous Home Care</b>	945.16	649.42	0.9253	600.91	295.74	896.65
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9253	25.04	12.32	37.36
<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 hours = \$37.36

Continuous Home Care - SIA Rate = 37.36 / 4 quarters = \$9.34



Florida Agency for Health Care Administration

0875368-00

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Citrus County
Provider Number : 0875368-00
County : Citrus (9)
Effective Date : 01/01/2016

Table with 7 columns: Service Type, 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 (1-60), Routine Home Care (61 +), Continuous Home Care, Continuous Home Care - SIA, Inpatient Respite, and General Inpatient Care.

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

Continuous Home Care - SIA Rate = 33.97 / 4 quarters = \$8.49



Florida Agency for Health Care Administration

0875376-00

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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Avow Hospice

Provider Number : 0875376-00

County : Collier (11)

Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.8752	112.50	58.54	171.04
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.8752	88.41	46.00	134.41
<b>Continuous Home Care</b>	945.16	649.42	0.8752	568.37	295.74	864.11
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.8752	23.68	12.32	36.00
<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 hours = \$36.00

Continuous Home Care - SIA Rate = 36.00 / 4 quarters = \$9.00



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 : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.8371	107.60	58.54	166.14
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.8371	84.56	46.00	130.56
<b>Continuous Home Care</b>	945.16	649.42	0.8371	543.63	295.74	839.37
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.8371	22.65	12.32	34.97
<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

Continuous Home Care - SIA Rate = 34.97 / 4 quarters = \$8.74



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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 : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9673	124.34	58.54	182.88
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9673	97.72	46.00	143.72
<b>Continuous Home Care</b>	945.16	649.42	0.9673	628.18	295.74	923.92
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9673	26.18	12.32	38.50
<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 =  $923.92 / 24 \text{ hours} = \$38.50$

Continuous Home Care - SIA Rate =  $38.50 / 4 \text{ quarters} = \$9.62$



Florida Agency for Health Care Administration

0875708-00

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Gulfside Regional Hospice
Provider Number : 0875708-00
County : Pasco (51)
Effective Date : 01/01/2016

Table with 7 columns: Service Type, 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 (1-60), Routine Home Care (61 +), Continuous Home Care, Continuous Home Care - SIA, Inpatient Respite, and General Inpatient Care.

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

Continuous Home Care - SIA Rate = 36.88 / 4 quarters = \$9.22





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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 : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9952	127.92	58.54	186.46
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9952	100.54	46.00	146.54
<b>Continuous Home Care</b>	945.16	649.42	0.9952	646.30	295.74	942.04
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9952	26.93	12.32	39.25
<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 =  $942.04 / 24 \text{ hours} = \$39.25$

Continuous Home Care - SIA Rate =  $39.25 / 4 \text{ quarters} = \$9.81$



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice Care of South Fl.  
 Provider Number : 1500015-00  
 County : Dade (13)  
 Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9673	124.34	58.54	182.88
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9673	97.72	46.00	143.72
<b>Continuous Home Care</b>	945.16	649.42	0.9673	628.18	295.74	923.92
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9673	26.18	12.32	38.50
<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 =  $923.92 / 24 \text{ hours} = \$38.50$

Continuous Home Care - SIA Rate =  $38.50 / 4 \text{ quarters} = \$9.62$



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Florida Hospital Hospice Care  
 Provider Number : 1500031-00  
 County : Volusia (64)  
 Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.8376	107.67	58.54	166.21
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.8376	84.61	46.00	130.61
<b>Continuous Home Care</b>	945.16	649.42	0.8376	543.95	295.74	839.69
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.8376	22.67	12.32	34.99
<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

Continuous Home Care - SIA Rate = 34.99 / 4 quarters = \$8.75



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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 : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.8000	102.83	58.54	161.37
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.8000	80.82	46.00	126.82
<b>Continuous Home Care</b>	945.16	649.42	0.8000	519.54	295.74	815.28
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.8000	21.65	12.32	33.97
<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

Continuous Home Care - SIA Rate = 33.97 / 4 quarters = \$8.49



**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 : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9277	119.25	58.54	177.79
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9277	93.72	46.00	139.72
<b>Continuous Home Care</b>	945.16	649.42	0.9277	602.47	295.74	898.21
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9277	25.10	12.32	37.42
<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

Continuous Home Care - SIA Rate = 37.42 / 4 quarters = \$9.36



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Good Shepherd Hospice, Inc  
 Provider Number : 1500210-00  
 County : Polk (53)  
 Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.8246	105.99	58.54	164.53
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.8246	83.30	46.00	129.30
<b>Continuous Home Care</b>	945.16	649.42	0.8246	535.51	295.74	831.25
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.8246	22.31	12.32	34.63
<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

Continuous Home Care - SIA Rate = 34.63 / 4 quarters = \$8.66



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : LifePath Hospice, Inc.  
 Provider Number : 1500228-00  
 County : Hillsborough (29)  
 Effective Date : 01/01/2016

	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 (1-60)</b>	187.08	128.54	0.9076	116.66	58.54	175.20
<b>Routine Home Care (61 +)</b>	147.02	101.02	0.9076	91.69	46.00	137.69
<b>Continuous Home Care</b>	945.16	649.42	0.9076	589.41	295.74	885.15
<b>Continuous Home Care - SIA</b>	39.38	27.06	0.9076	24.56	12.32	36.88
<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 hours = \$36.88

Continuous Home Care - SIA Rate = 36.88 / 4 quarters = \$9.22

