



Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : HCR Manor Care Services of Florida, Inc.
 Provider Number : 0001418-00
 County : Duval (16)
 Effective Date : 10/01/2016

	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 (1-60)	190.80 ✓	131.10 ✓	0.9082 ✓	119.07 ✓	59.70	178.77
Routine Home Care (61 +)	150.01	103.07	0.9082	93.61	46.94	140.55
Continuous Home Care	965.01	663.06	0.9082	602.19	301.95	904.14
Continuous Home Care - SIA	40.21	27.63	0.9082	25.09	12.58	37.67
Inpatient Respite	179.97	97.42	0.9082	88.48	82.55	171.03
General Inpatient Care	734.94	470.44	0.9082	427.25	264.50	691.75

Continuous Home Care Hourly Rate = $904.14 / 24 \text{ hours} = \37.67 ✓

Continuous Home Care - SIA Rate = $37.67 / 4 \text{ quarters} = \9.42



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

0005324-00

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Samaritan Care Hospice of Osceola, LLC
Provider Number : 0005324-00
County : Orange (48)
Effective Date : 10/01/2016

	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 (1-60)	190.80 ✓	131.10 ✓	0.8986✓	117.81	59.70	177.51
Routine Home Care (61 +)	150.01	103.07	0.8986	92.62	46.94	139.56
Continuous Home Care	965.01	663.06	0.8986	595.83	301.95	897.78
Continuous Home Care - SIA	40.21	27.63	0.8986	24.83	12.58	37.41
Inpatient Respite	179.97	97.42	0.8986	87.54	82.55	170.09
General Inpatient Care	734.94	470.44	0.8986	422.74	264.50	687.24

Continuous Home Care Hourly Rate = $897.78 / 24 \text{ hours} = \37.41 ✓

Continuous Home Care - SIA Rate = $37.41 / 4 \text{ quarters} = \9.35



Florida Agency for Health Care Administration

0006026-00

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 : Vitas Healthcare Corp of Central Florida

Provider Number : 0006026-00

County : Brevard (5)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80 ✓	131.10 ✓	0.8885 ✓	116.48 ✓	59.70 ✓	176.18
Routine Home Care (61 +)	150.01	103.07	0.8885	91.58	46.94	138.52
Continuous Home Care	965.01	663.06	0.8885	589.13	301.95	891.08
Continuous Home Care - SIA	40.21	27.63	0.8885	24.55	12.58	37.13
Inpatient Respite	179.97	97.42	0.8885	86.56	82.55	169.11
General Inpatient Care	734.94	470.44	0.8885	417.99	264.50	682.49

Continuous Home Care Hourly Rate = $891.08 / 24 \text{ hours} = \37.13

Continuous Home Care - SIA Rate = $37.13 / 4 \text{ quarters} = \9.28



Florida Agency for Health Care Administration

0015728-00

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 : Odyssey Health Care Miami-Dade

Provider Number : 0015728-00

County : Dade (13)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80 ✓	131.10 ✓	0.9653	126.55 ✓	59.70	186.25 ✓
Routine Home Care (61 +)	150.01	103.07	0.9653	99.49	46.94	146.43
Continuous Home Care	965.01	663.06	0.9653	640.05	301.95	942.00
Continuous Home Care - SIA	40.21	27.63	0.9653	26.67	12.58	39.25
Inpatient Respite	179.97	97.42	0.9653	94.04	82.55	176.59
General Inpatient Care	734.94	470.44	0.9653	454.12	264.50	718.62

Continuous Home Care Hourly Rate = 942.00 / 24 hours = \$39.25 ✓

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



Florida Agency for Health Care Administration

0016361-00

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 : Regency Hospice of NW Florida, Inc.

Provider Number : 0016361-00

County : Escambia (17)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80 ✓	131.10 ✓	0.8000 ✓	104.88 ✓	59.70 ✓	164.58 ✓
Routine Home Care (61 +)	150.01	103.07	0.8000	82.46	46.94	129.40
Continuous Home Care	965.01	663.06	0.8000	530.45	301.95	832.40
Continuous Home Care - SIA	40.21	27.63	0.8000	22.10	12.58	34.68
Inpatient Respite	179.97	97.42	0.8000	77.94	82.55	160.49
General Inpatient Care	734.94	470.44	0.8000	376.35	264.50	640.85

Continuous Home Care Hourly Rate = $832.40 / 24 \text{ hours} = \34.68 ✓

Continuous Home Care - SIA Rate = $34.68 / 4 \text{ quarters} = \8.67 ✓



Florida Agency for Health Care Administration

0027822-00

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 : Seasons Hospice and Palliative Care of Southern FL

Provider Number : 0027822-00

County : Dade (13)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80 ✓	131.10 ✓	0.9653 ✓	126.55 ✓	59.70 ✓	186.25 ✓
Routine Home Care (61 +)	150.01	103.07	0.9653	99.49	46.94	146.43
Continuous Home Care	965.01	663.06	0.9653	640.05	301.95	942.00
Continuous Home Care - SIA	40.21	27.63	0.9653	26.67	12.58	39.25
Inpatient Respite	179.97	97.42	0.9653	94.04	82.55	176.59
General Inpatient Care	734.94	470.44	0.9653	454.12	264.50	718.62

Continuous Home Care Hourly Rate = 942.00 / 24 hours = \$39.25 ✓

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



Florida Agency for Health Care Administration

0038153-00

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 of Florida III, Inc.

Provider Number : 0038153-00

County : Broward (6)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80 ✓	131.10 ✓	0.9776 ✓	128.16	59.70 ✓	187.86 ✓
Routine Home Care (61 +)	150.01	103.07	0.9776	100.76	46.94	147.70
Continuous Home Care	965.01	663.06	0.9776	648.21	301.95	950.16
Continuous Home Care - SIA	40.21	27.63	0.9776	27.01	12.58	39.59
Inpatient Respite	179.97	97.42	0.9776	95.24	82.55	177.79
General Inpatient Care	734.94	470.44	0.9776	459.90	264.50	724.40

Continuous Home Care Hourly Rate = 950.16 / 24 hours = \$39.59 ✓

Continuous Home Care - SIA Rate = 39.59 / 4 quarters = \$9.90 ✓



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 : 10/01/2016

	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 (1-60)	187.06	128.53	0.9653	124.07	58.53	182.60
Routine Home Care (61 +)	147.08	101.06	0.9653	97.55	46.02	143.57
Continuous Home Care	946.09	650.06	0.9653	627.50	296.03	923.53
Continuous Home Care - SIA	39.42	27.09	0.9653	26.15	12.33	38.48
Inpatient Respite	176.44	95.51	0.9653	92.20	80.93	173.13
General Inpatient Care	720.54	461.22	0.9653	445.22	259.32	704.54

Continuous Home Care Hourly Rate = 923.53 / 24 hours = \$38.48

Continuous Home Care - SIA Rate = 38.48 / 4 quarters = \$9.62



Florida Agency for Health Care Administration

0045794-00

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 : Compassionate Care Hospice of Miami Dade, Inc.

Provider Number : 0045794-00

County : Polk (53)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80 ✓	131.10 ✓	0.8078 ✓	105.90 ✓	59.70 ✓	165.60 ✓
Routine Home Care (61 +)	150.01	103.07	0.8078	83.26	46.94	130.20
Continuous Home Care	965.01	663.06	0.8078	535.62	301.95	837.57 ✓
Continuous Home Care - SIA	40.21	27.63	0.8078	22.32	12.58	34.90
Inpatient Respite	179.97	97.42	0.8078	78.70	82.55	161.25
General Inpatient Care	734.94	470.44	0.8078	380.02	264.50	644.52

Continuous Home Care Hourly Rate = 837.57 / 24 hours = \$34.90 ✓

Continuous Home Care - SIA Rate = 34.90 / 4 quarters = \$8.72 ✓



Florida Agency for Health Care Administration

0136561-00

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 : Brevard HMA Hospice

Provider Number : 0136561-00

County : Brevard (5)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80 ✓	131.10 ✓	0.8885 ✓	116.48 ✓	59.70 ✓	176.18 ✓
Routine Home Care (61 +)	150.01	103.07	0.8885	91.58	46.94	138.52
Continuous Home Care	965.01	663.06	0.8885	589.13	301.95	891.08 ✓
Continuous Home Care - SIA	40.21	27.63	0.8885	24.55	12.58	37.13
Inpatient Respite	179.97	97.42	0.8885	86.56	82.55	169.11
General Inpatient Care	734.94	470.44	0.8885	417.99	264.50	682.49

Continuous Home Care Hourly Rate = 891.08 / 24 hours = \$37.13 ✓

Continuous Home Care - SIA Rate = 37.13 / 4 quarters = \$9.28 ✓



Florida Agency for Health Care Administration

0140437-00

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 : Hernando-Pasco Hospice

Provider Number : 0140437-00

County : Pasco (51)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8980	117.73	59.70	177.43
Routine Home Care (61 +)	150.01	103.07	0.8980	92.56	46.94	139.50
Continuous Home Care	965.01	663.06	0.8980	595.43	301.95	897.38
Continuous Home Care - SIA	40.21	27.63	0.8980	24.81	12.58	37.39
Inpatient Respite	179.97	97.42	0.8980	87.48	82.55	170.03
General Inpatient Care	734.94	470.44	0.8980	422.46	264.50	686.96

Continuous Home Care Hourly Rate = 897.38 / 24 hours = \$37.39

Continuous Home Care - SIA Rate = 37.39 / 4 quarters = \$9.35



Florida Agency for Health Care Administration

0141900-00

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 : Compassionate Care Hospice of Miami Dade and the Florida Keys

Provider Number : 0141900-00

County : Dade (13)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.9653 ✓	126.55	59.70	186.25
Routine Home Care (61 +)	150.01	103.07	0.9653	99.49	46.94	146.43
Continuous Home Care	965.01	663.06	0.9653	640.05	301.95	942.00
Continuous Home Care - SIA	40.21	27.63	0.9653	26.67	12.58	39.25
Inpatient Respite	179.97	97.42	0.9653	94.04	82.55	176.59
General Inpatient Care	734.94	470.44	0.9653	454.12	264.50	718.62

Continuous Home Care Hourly Rate = 942.00 / 24 hours = \$39.25 ✓

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



Florida Agency for Health Care Administration

0152197-00

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 : Compassionate Care Hospice of Central Florida

Provider Number : 0152197-00

County : Polk (53)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8078	105.90	59.70	165.60
Routine Home Care (61 +)	150.01	103.07	0.8078	83.26	46.94	130.20
Continuous Home Care	965.01	663.06	0.8078	535.62	301.95	837.57
Continuous Home Care - SIA	40.21	27.63	0.8078	22.32	12.58	34.90
Inpatient Respite	179.97	97.42	0.8078	78.70	82.55	161.25
General Inpatient Care	734.94	470.44	0.8078	380.02	264.50	644.52

Continuous Home Care Hourly Rate = $837.57 / 24 \text{ hours} = \34.90

Continuous Home Care - SIA Rate = $34.90 / 4 \text{ quarters} = \8.72



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

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 : 10/01/2016

	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 (1-60)	190.80	131.10	0.9776	128.16	59.70	187.86
Routine Home Care (61 +)	150.01	103.07	0.9776	100.76	46.94	147.70
Continuous Home Care	965.01	663.06	0.9776	648.21	301.95	950.16
Continuous Home Care - SIA	40.21	27.63	0.9776	27.01	12.58	39.59
Inpatient Respite	179.97	97.42	0.9776	95.24	82.55	177.79
General Inpatient Care	734.94	470.44	0.9776	459.90	264.50	724.40

Continuous Home Care Hourly Rate = $950.16 / 24 \text{ hours} = \39.59

Continuous Home Care - SIA Rate = $39.59 / 4 \text{ quarters} = \9.90



Florida Agency for Health Care Administration

0172875-00

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 : Compassionate Care Hospice of Lake & Sumter

Provider Number : 0172875-00

County : Lake (35)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8986	117.81	59.70	177.51
Routine Home Care (61 +)	150.01	103.07	0.8986	92.62	46.94	139.56
Continuous Home Care	965.01	663.06	0.8986	595.83	301.95	897.78
Continuous Home Care - SIA	40.21	27.63	0.8986	24.83	12.58	37.41
Inpatient Respite	179.97	97.42	0.8986	87.54	82.55	170.09
General Inpatient Care	734.94	470.44	0.8986	422.74	264.50	687.24

Continuous Home Care Hourly Rate = 897.78 / 24 hours = \$37.41

Continuous Home Care - SIA Rate = 37.41 / 4 quarters = \$9.35



Florida Agency for Health Care Administration

0870005-00

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 : Hospice of I.R.C.

Provider Number : 0870005-00

County : Indian River (31)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8838	115.87	59.70	175.57 ✓
Routine Home Care (61 +)	150.01	103.07	0.8838	91.09	46.94	138.03
Continuous Home Care	965.01	663.06	0.8838	586.01	301.95	887.96
Continuous Home Care - SIA	40.21	27.63	0.8838	24.42	12.58	37.00
Inpatient Respite	179.97	97.42	0.8838	86.10	82.55	168.65
General Inpatient Care	734.94	470.44	0.8838	415.77	264.50	680.27

Continuous Home Care Hourly Rate = $887.96 / 24 \text{ hours} = \37.00

Continuous Home Care - SIA Rate = $37.00 / 4 \text{ quarters} = \9.25



Florida Agency for Health Care Administration

0872466-00

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 : Vitas Healthcare Corporation - Dade County

Provider Number : 0872466-00

County : Dade (13)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.9653	126.55	59.70	186.25
Routine Home Care (61 +)	150.01	103.07	0.9653	99.49	46.94	146.43
Continuous Home Care	965.01	663.06	0.9653	640.05	301.95	942.00
Continuous Home Care - SIA	40.21	27.63	0.9653	26.67	12.58	39.25
Inpatient Respite	179.97	97.42	0.9653	94.04	82.55	176.59
General Inpatient Care	734.94	470.44	0.9653	454.12	264.50	718.62

Continuous Home Care Hourly Rate = 942.00 / 24 hours = \$39.25

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



Florida Agency for Health Care Administration

0872555-00

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 : St. Francis Hospice

Provider Number : 0872555-00

County : Brevard (5)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8885 ✓	116.48	59.70	176.18
Routine Home Care (61 +)	150.01	103.07	0.8885	91.58	46.94	138.52
Continuous Home Care	965.01	663.06	0.8885	589.13	301.95	891.08
Continuous Home Care - SIA	40.21	27.63	0.8885	24.55	12.58	37.13
Inpatient Respite	179.97	97.42	0.8885	86.56	82.55	169.11
General Inpatient Care	734.94	470.44	0.8885	417.99	264.50	682.49

Continuous Home Care Hourly Rate = $891.08 / 24 \text{ hours} = \37.13

Continuous Home Care - SIA Rate = $37.13 / 4 \text{ quarters} = \9.28 ✓



Florida Agency for Health Care Administration

0872563-00

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 : Hospice of the Comforter

Provider Number : 0872563-00

County : Seminole (59)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8986	117.81	59.70	177.51
Routine Home Care (61 +)	150.01	103.07	0.8986	92.62	46.94	139.56
Continuous Home Care	965.01	663.06	0.8986	595.83	301.95	897.78
Continuous Home Care - SIA	40.21	27.63	0.8986	24.83	12.58	37.41
Inpatient Respite	179.97	97.42	0.8986	87.54	82.55	170.09
General Inpatient Care	734.94	470.44	0.8986	422.74	264.50	687.24

Continuous Home Care Hourly Rate = 897.78 / 24 hours = \$37.41

Continuous Home Care - SIA Rate = 37.41 / 4 quarters = \$9.35



Florida Agency for Health Care Administration

0874078-00

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 : Community Hospice of Northeast

Provider Number : 0874078-00

County : Duval (16)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.9082	119.07	59.70	178.77
Routine Home Care (61 +)	150.01	103.07	0.9082	93.61	46.94	140.55
Continuous Home Care	965.01	663.06	0.9082	602.19	301.95	904.14
Continuous Home Care - SIA	40.21	27.63	0.9082	25.09	12.58	37.67
Inpatient Respite	179.97	97.42	0.9082	88.48	82.55	171.03
General Inpatient Care	734.94	470.44	0.9082	427.25	264.50	691.75

Continuous Home Care Hourly Rate = 904.14 / 24 hours = \$37.67

Continuous Home Care - SIA Rate = 37.67 / 4 quarters = \$9.42



Florida Agency for Health Care Administration

0875147-00

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 : Hospice of Martin & St. Lucie

Provider Number : 0875147-00

County : Martin (43)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.9350 ✓	122.58	59.70	182.28
Routine Home Care (61 +)	150.01	103.07	0.9350	96.37	46.94	143.31
Continuous Home Care	965.01	663.06	0.9350	619.96	301.95	921.91
Continuous Home Care - SIA	40.21	27.63	0.9350	25.83	12.58	38.41
Inpatient Respite	179.97	97.42	0.9350	91.09	82.55	173.64
General Inpatient Care	734.94	470.44	0.9350	439.86	264.50	704.36

Continuous Home Care Hourly Rate = $921.91 / 24 \text{ hours} = \38.41

Continuous Home Care - SIA Rate = $38.41 / 4 \text{ quarters} = \9.60



Florida Agency for Health Care Administration

0875163-00

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 : Hospice of Palm Beach County

Provider Number : 0875163-00

County : Palm Beach (50)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.9376 ✓	122.92	59.70	182.62
Routine Home Care (61 +)	150.01	103.07	0.9376	96.64	46.94	143.58
Continuous Home Care	965.01	663.06	0.9376	621.69	301.95	923.64
Continuous Home Care - SIA	40.21	27.63	0.9376	25.91	12.58	38.49
Inpatient Respite	179.97	97.42	0.9376	91.34	82.55	173.89
General Inpatient Care	734.94	470.44	0.9376	441.08	264.50	705.58

Continuous Home Care Hourly Rate = $923.64 / 24 \text{ hours} = \38.48 ✓

Continuous Home Care - SIA Rate = $38.49 / 4 \text{ quarters} = \9.62



Florida Agency for Health Care Administration

0875171-00

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 : Covenant Hospice, Inc

Provider Number : 0875171-00

County : Escambia (17)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8000 ✓	104.88	59.70	164.58
Routine Home Care (61 +)	150.01	103.07	0.8000	82.46	46.94	129.40
Continuous Home Care	965.01	663.06	0.8000	530.45	301.95	832.40
Continuous Home Care - SIA	40.21	27.63	0.8000	22.10	12.58	34.68
Inpatient Respite	179.97	97.42	0.8000	77.94	82.55	160.49
General Inpatient Care	734.94	470.44	0.8000	376.35	264.50	640.85

Continuous Home Care Hourly Rate = 832.40 / 24 hours = \$34.68

Continuous Home Care - SIA Rate = 34.68 / 4 quarters = \$8.67



Florida Agency for Health Care Administration

0875198-00

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 : North Central Florida Hospice

Provider Number : 0875198-00

County : Alachua (1)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.9672	126.80	59.70	186.50
Routine Home Care (61 +)	150.01	103.07	0.9672	99.69	46.94	146.63
Continuous Home Care	965.01	663.06	0.9672	641.31	301.95	943.26
Continuous Home Care - SIA	40.21	27.63	0.9672	26.72	12.58	39.30
Inpatient Respite	179.97	97.42	0.9672	94.22	82.55	176.77
General Inpatient Care	734.94	470.44	0.9672	455.01	264.50	719.51

Continuous Home Care Hourly Rate = $943.26 / 24 \text{ hours} = \39.30

Continuous Home Care - SIA Rate = $39.30 / 4 \text{ quarters} = \9.83



Florida Agency for Health Care Administration

0875201-00

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 : Hospice of Marion County

Provider Number : 0875201-00

County : Marion (42)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8191	107.38	59.70	167.08
Routine Home Care (61 +)	150.01	103.07	0.8191	84.42	46.94	131.36
Continuous Home Care	965.01	663.06	0.8191	543.11	301.95	845.06
Continuous Home Care - SIA	40.21	27.63	0.8191	22.63	12.58	35.21
Inpatient Respite	179.97	97.42	0.8191	79.80	82.55	162.35
General Inpatient Care	734.94	470.44	0.8191	385.34	264.50	649.84

Continuous Home Care Hourly Rate = $845.06 / 24 \text{ hours} = \35.21

Continuous Home Care - SIA Rate = $35.21 / 4 \text{ quarters} = \8.80



Florida Agency for Health Care Administration

0875228-00

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 : Hospice of Health First

Provider Number : 0875228-00

County : Brevard (5)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8885 ✓	116.48	59.70	176.18
Routine Home Care (61 +)	150.01	103.07	0.8885	91.58	46.94	138.52
Continuous Home Care	965.01	663.06	0.8885	589.13	301.95	891.08
Continuous Home Care - SIA	40.21	27.63	0.8885	24.55	12.58	37.13
Inpatient Respite	179.97	97.42	0.8885	86.56	82.55	169.11
General Inpatient Care	734.94	470.44	0.8885	417.99	264.50	682.49

Continuous Home Care Hourly Rate = $891.08 / 24 \text{ hours} = \37.13

Continuous Home Care - SIA Rate = $37.13 / 4 \text{ quarters} = \9.28



Florida Agency for Health Care Administration

0875236-00

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 : Hospice of Volusia

Provider Number : 0875236-00

County : Volusia (64)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8519	111.68	59.70	171.38
Routine Home Care (61 +)	150.01	103.07	0.8519	87.81	46.94	134.75
Continuous Home Care	965.01	663.06	0.8519	564.86	301.95	866.81
Continuous Home Care - SIA	40.21	27.63	0.8519	23.54	12.58	36.12
Inpatient Respite	179.97	97.42	0.8519	82.99	82.55	165.54
General Inpatient Care	734.94	470.44	0.8519	400.77	264.50	665.27

Continuous Home Care Hourly Rate = 866.81 / 24 hours = \$36.12

Continuous Home Care - SIA Rate = 36.12 / 4 quarters = \$9.03



Florida Agency for Health Care Administration

0875244-00

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 : Big Bend Hospice

Provider Number : 0875244-00

County : Leon (37)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non- Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8397	110.08	59.70	169.78
Routine Home Care (61 +)	150.01	103.07	0.8397	86.55	46.94	133.49
Continuous Home Care	965.01	663.06	0.8397	556.77	301.95	858.72
Continuous Home Care - SIA	40.21	27.63	0.8397	23.20	12.58	35.78
Inpatient Respite	179.97	97.42	0.8397	81.80	82.55	164.35
General Inpatient Care	734.94	470.44	0.8397	395.03	264.50	659.53

Continuous Home Care Hourly Rate = $858.72 / 24 \text{ hours} = \35.78

Continuous Home Care - SIA Rate = $35.78 / 4 \text{ quarters} = \8.95



Florida Agency for Health Care Administration

0875252-00

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 : Hospice of the Florida Keys, Inc.
Provider Number : 0875252-00
County : Monroe (44)
Effective Date : 10/01/2016

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 = 851.89 / 24 hours = \$35.50

Continuous Home Care - SIA Rate = 35.50 / 4 quarters = \$8.87



Florida Agency for Health Care Administration

0875261-00

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 : Hospice of Lake and Sumter
Provider Number : 0875261-00
County : Lake (35)
Effective Date : 10/01/2016

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 = 897.78 / 24 hours = \$37.41

Continuous Home Care - SIA Rate = 37.41 / 4 quarters = \$9.35



Florida Agency for Health Care Administration

0875279-00

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 : Tidewell Hospice & Palliative Care

Provider Number : 0875279-00

County : Sarasota (58)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.9690	127.04	59.70	186.74
Routine Home Care (61 +)	150.01	103.07	0.9690	99.87	46.94	146.81
Continuous Home Care	965.01	663.06	0.9690	642.51	301.95	944.46
Continuous Home Care - SIA	40.21	27.63	0.9690	26.77	12.58	39.35
Inpatient Respite	179.97	97.42	0.9690	94.40	82.55	176.95
General Inpatient Care	734.94	470.44	0.9690	455.86	264.50	720.36

Continuous Home Care Hourly Rate = 944.46 / 24 hours = \$39.35

Continuous Home Care - SIA Rate = 39.35 / 4 quarters = \$9.84



Florida Agency for Health Care Administration

0875287-00

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 : Hospice of the Treasure Coast

Provider Number : 0875287-00

County : St Lucie (56)

Effective Date : 10/01/2016

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 = 921.91 / 24 hours = \$38.41

Continuous Home Care - SIA Rate = 38.41 / 4 quarters = \$9.60



Florida Agency for Health Care Administration

0875295-00

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 : Hospice by the Sea
Provider Number : 0875295-00
County : Palm Beach (50)
Effective Date : 10/01/2016

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 = 923.64 / 24 hours = \$38.48

Continuous Home Care - SIA Rate = 38.49 / 4 quarters = \$9.62



Florida Agency for Health Care Administration

0875325-00

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 : Hospice of the Florida Suncoast

Provider Number : 0875325-00

County : Pinellas (52)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8980 ✓	117.73	59.70	177.43
Routine Home Care (61 +)	150.01	103.07	0.8980	92.56	46.94	139.50
Continuous Home Care	965.01	663.06	0.8980	595.43	301.95	897.38
Continuous Home Care - SIA	40.21	27.63	0.8980	24.81	12.58	37.39
Inpatient Respite	179.97	97.42	0.8980	87.48	82.55	170.03
General Inpatient Care	734.94	470.44	0.8980	422.46	264.50	686.96

Continuous Home Care Hourly Rate = 897.38 / 24 hours = \$37.39

Continuous Home Care - SIA Rate = 37.39 / 4 quarters = \$9.35



Florida Agency for Health Care Administration

0875350-00

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 : Hope Hospice & Palliative Care

Provider Number : 0875350-00

County : Lee (36)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.9456 ✓	123.97	59.70	183.67
Routine Home Care (61 +)	150.01	103.07	0.9456	97.46	46.94	144.40
Continuous Home Care	965.01	663.06	0.9456	626.99	301.95	928.94
Continuous Home Care - SIA	40.21	27.63	0.9456	26.13	12.58	38.71
Inpatient Respite	179.97	97.42	0.9456	92.12	82.55	174.67
General Inpatient Care	734.94	470.44	0.9456	444.85	264.50	709.35

Continuous Home Care Hourly Rate = 928.94 / 24 hours = \$38.71

Continuous Home Care - SIA Rate = 38.71 / 4 quarters = \$9.68



Florida Agency for Health Care Administration

0875368-00

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 : Hospice of Citrus County
Provider Number : 0875368-00
County : Citrus (9)
Effective Date : 10/01/2016

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 = 832.40 / 24 hours = \$34.68

Continuous Home Care - SIA Rate = 34.68 / 4 quarters = \$8.67



Florida Agency for Health Care Administration

0875376-00

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 : Avow Hospice

Provider Number : 0875376-00

County : Collier (11)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8603 ✓	112.79	59.70	172.49
Routine Home Care (61 +)	150.01	103.07	0.8603	88.67	46.94	135.61
Continuous Home Care	965.01	663.06	0.8603	570.43	301.95	872.38
Continuous Home Care - SIA	40.21	27.63	0.8603	23.77	12.58	36.35
Inpatient Respite	179.97	97.42	0.8603	83.81	82.55	166.36
General Inpatient Care	734.94	470.44	0.8603	404.72	264.50	669.22

Continuous Home Care Hourly Rate = 872.38 / 24 hours = \$36.35

Continuous Home Care - SIA Rate = 36.35 / 4 quarters = \$9.09



Florida Agency for Health Care Administration

0875384-00

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 : Hospice of Okeechobee

Provider Number : 0875384-00

County : Okeechobee (47)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8294 ✓	108.73	59.70	168.43
Routine Home Care (61 +)	150.01	103.07	0.8294	85.49	46.94	132.43
Continuous Home Care	965.01	663.06	0.8294	549.94	301.95	851.89
Continuous Home Care - SIA	40.21	27.63	0.8294	22.92	12.58	35.50
Inpatient Respite	179.97	97.42	0.8294	80.80	82.55	163.35
General Inpatient Care	734.94	470.44	0.8294	390.18	264.50	654.68

Continuous Home Care Hourly Rate = 851.89 / 24 hours = \$35.50

Continuous Home Care - SIA Rate = 35.50 / 4 quarters = \$8.87



Florida Agency for Health Care Administration

0875694-00

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 : Catholic Hospice

Provider Number : 0875694-00

County : Dade (13)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.9653	126.55	59.70	186.25
Routine Home Care (61 +)	150.01	103.07	0.9653	99.49	46.94	146.43
Continuous Home Care	965.01	663.06	0.9653	640.05	301.95	942.00
Continuous Home Care - SIA	40.21	27.63	0.9653	26.67	12.58	39.25
Inpatient Respite	179.97	97.42	0.9653	94.04	82.55	176.59
General Inpatient Care	734.94	470.44	0.9653	454.12	264.50	718.62

Continuous Home Care Hourly Rate = 942.00 / 24 hours = \$39.25

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



Florida Agency for Health Care Administration

0875708-00

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 : Gulfside Regional Hospice

Provider Number : 0875708-00

County : Pasco (51)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8980	117.73	59.70	177.43
Routine Home Care (61 +)	150.01	103.07	0.8980	92.56	46.94	139.50
Continuous Home Care	965.01	663.06	0.8980	595.43	301.95	897.38
Continuous Home Care - SIA	40.21	27.63	0.8980	24.81	12.58	37.39
Inpatient Respite	179.97	97.42	0.8980	87.48	82.55	170.03
General Inpatient Care	734.94	470.44	0.8980	422.46	264.50	686.96

Continuous Home Care Hourly Rate = 897.38 / 24 hours = \$37.39

Continuous Home Care - SIA Rate = 37.39 / 4 quarters = \$9.35



Florida Agency for Health Care Administration

1500007-00

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 : Hospice of Gold Coast

Provider Number : 1500007-00

County : Broward (6)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.9776	128.16	59.70	187.86
Routine Home Care (61 +)	150.01	103.07	0.9776	100.76	46.94	147.70
Continuous Home Care	965.01	663.06	0.9776	648.21	301.95	950.16
Continuous Home Care - SIA	40.21	27.63	0.9776	27.01	12.58	39.59
Inpatient Respite	179.97	97.42	0.9776	95.24	82.55	177.79
General Inpatient Care	734.94	470.44	0.9776	459.90	264.50	724.40

Continuous Home Care Hourly Rate = 950.16 / 24 hours = \$39.59

Continuous Home Care - SIA Rate = 39.59 / 4 quarters = \$9.90



Florida Agency for Health Care Administration

1500015-00

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 : Hospice Care of South Fl.

Provider Number : 1500015-00

County : Dade (13)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	187.06	128.53	0.9653	124.07	58.53	182.60
Routine Home Care (61 +)	147.08	101.06	0.9653	97.55	46.02	143.57
Continuous Home Care	946.09	650.06	0.9653	627.50	296.03	923.53
Continuous Home Care - SIA	39.42	27.09	0.9653	26.15	12.33	38.48
Inpatient Respite	176.44	95.51	0.9653	92.20	80.93	173.13
General Inpatient Care	720.54	461.22	0.9653	445.22	259.32	704.54

Continuous Home Care Hourly Rate = $923.53 / 24 \text{ hours} = \38.48

Continuous Home Care - SIA Rate = $38.48 / 4 \text{ quarters} = \9.62



Florida Agency for Health Care Administration

1500031-00

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 : Florida Hospital Hospice Care

Provider Number : 1500031-00

County : Volusia (64)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8519 ✓	111.68	59.70	171.38
Routine Home Care (61 +)	150.01	103.07	0.8519	87.81	46.94	134.75
Continuous Home Care	965.01	663.06	0.8519	564.86	301.95	866.81
Continuous Home Care - SIA	40.21	27.63	0.8519	23.54	12.58	36.12
Inpatient Respite	179.97	97.42	0.8519	82.99	82.55	165.54
General Inpatient Care	734.94	470.44	0.8519	400.77	264.50	665.27

Continuous Home Care Hourly Rate = 866.81 / 24 hours = \$36.12

Continuous Home Care - SIA Rate = 36.12 / 4 quarters = \$9.03



Florida Agency for Health Care Administration

1500091-00

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 : Hospice of Emerald Coast

Provider Number : 1500091-00

County : Bay (3)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8694	113.98	59.70	173.68
Routine Home Care (61 +)	150.01	103.07	0.8694	89.61	46.94	136.55
Continuous Home Care	965.01	663.06	0.8694	576.46	301.95	878.41
Continuous Home Care - SIA	40.21	27.63	0.8694	24.02	12.58	36.60
Inpatient Respite	179.97	97.42	0.8694	84.70	82.55	167.25
General Inpatient Care	734.94	470.44	0.8694	409.00	264.50	673.50

Continuous Home Care Hourly Rate = 878.41 / 24 hours = \$36.60

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



Florida Agency for Health Care Administration

1500139-00

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 : Vitas Healthcare Corp of Florida - Congress Ave

Provider Number : 1500139-00

County : Palm Beach (50)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.9376 ✓	122.92	59.70	182.62
Routine Home Care (61 +)	150.01	103.07	0.9376	96.64	46.94	143.58
Continuous Home Care	965.01	663.06	0.9376	621.69	301.95	923.64
Continuous Home Care - SIA	40.21	27.63	0.9376	25.91	12.58	38.49
Inpatient Respite	179.97	97.42	0.9376	91.34	82.55	173.89
General Inpatient Care	734.94	470.44	0.9376	441.08	264.50	705.58

Continuous Home Care Hourly Rate = 923.64 / 24 hours = \$38.48

Continuous Home Care - SIA Rate = 38.49 / 4 quarters = \$9.62



Florida Agency for Health Care Administration

1500210-00

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 : Good Shepherd Hospice, Inc

Provider Number : 1500210-00

County : Polk (53)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8078	105.90	59.70	165.60
Routine Home Care (61 +)	150.01	103.07	0.8078	83.26	46.94	130.20
Continuous Home Care	965.01	663.06	0.8078	535.62	301.95	837.57
Continuous Home Care - SIA	40.21	27.63	0.8078	22.32	12.58	34.90
Inpatient Respite	179.97	97.42	0.8078	78.70	82.55	161.25
General Inpatient Care	734.94	470.44	0.8078	380.02	264.50	644.52

Continuous Home Care Hourly Rate = 837.57 / 24 hours = \$34.90

Continuous Home Care - SIA Rate = 34.90 / 4 quarters = \$8.72



Florida Agency for Health Care Administration

1500228-00

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 : LifePath Hospice, Inc.

Provider Number : 1500228-00

County : Hillsborough (29)

Effective Date : 10/01/2016

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.80	131.10	0.8980 ✓	117.73	59.70	177.43
Routine Home Care (61 +)	150.01	103.07	0.8980	92.56	46.94	139.50
Continuous Home Care	965.01	663.06	0.8980	595.43	301.95	897.38
Continuous Home Care - SIA	40.21	27.63	0.8980	24.81	12.58	37.39
Inpatient Respite	179.97	97.42	0.8980	87.48	82.55	170.03
General Inpatient Care	734.94	470.44	0.8980	422.46	264.50	686.96

Continuous Home Care Hourly Rate = 897.38 / 24 hours = \$37.39

Continuous Home Care - SIA Rate = 37.39 / 4 quarters = \$9.35