



Florida Agency for Health Care Administration

0001418-00

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 Services of Florida, Inc.

Provider Number : 0001418-00

County : Duval (16)

Effective Date : 10/01/2017

	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)	193.03	132.63	0.9078	120.40	60.40	180.80
Routine Home Care (61 +)	151.61	104.17	0.9078	94.57	47.44	142.01
Continuous Home Care	976.80	671.16	0.9078	609.28	305.64	914.92
Continuous Home Care - SIA	40.70	27.97	0.9078	25.39	12.74	38.12
Inpatient Respite	181.87	98.45	0.9078	89.37	83.43	172.79
General Inpatient Care	743.55	475.95	0.9078	432.07	267.60	699.67

Continuous Home Care Hourly Rate = 914.92 / 24 hours = \$38.12

Continuous Home Care - SIA Rate = 38.12 / 4 quarters = \$9.53



Florida Agency for Health Care Administration

0005324-00

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 : Samaritan Care Hospice of Osceola, LLC

Provider Number : 0005324-00

County : Orange (48)

Effective Date : 10/01/2017

	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)	193.03	132.63	0.9025	119.70	60.40	180.10
Routine Home Care (61 +)	151.61	104.17	0.9025	94.01	47.44	141.45
Continuous Home Care	976.80	671.16	0.9025	605.72	305.64	911.36
Continuous Home Care - SIA	40.70	27.97	0.9025	25.24	12.74	37.97
Inpatient Respite	181.87	98.45	0.9025	88.85	83.43	172.27
General Inpatient Care	743.55	475.95	0.9025	429.54	267.60	697.14

Continuous Home Care Hourly Rate = 911.36 / 24 hours = \$37.97

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



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 : 10/01/2017

	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)	193.03	132.63	0.8645	114.66	60.40	175.06
Routine Home Care (61 +)	151.61	104.17	0.8645	90.06	47.44	137.50
Continuous Home Care	976.80	671.16	0.8645	580.22	305.64	885.86
Continuous Home Care - SIA	40.70	27.97	0.8645	24.18	12.74	36.91
Inpatient Respite	181.87	98.45	0.8645	85.11	83.43	168.53
General Inpatient Care	743.55	475.95	0.8645	411.46	267.60	679.06

Continuous Home Care Hourly Rate = 885.86 / 24 hours = \$36.91

Continuous Home Care - SIA Rate = 36.91 / 4 quarters = \$9.23



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 : 10/01/2017

	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)	193.03	132.63	0.9519	126.25	60.40	186.65
Routine Home Care (61 +)	151.61	104.17	0.9519	99.16	47.44	146.60
Continuous Home Care	976.80	671.16	0.9519	638.88	305.64	944.52
Continuous Home Care - SIA	40.70	27.97	0.9519	26.62	12.74	39.35
Inpatient Respite	181.87	98.45	0.9519	93.71	83.43	177.13
General Inpatient Care	743.55	475.95	0.9519	453.06	267.60	720.66

Continuous Home Care Hourly Rate = 944.52 / 24 hours = \$39.35

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



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 : 10/01/2017

	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)	193.03	132.63	0.8000	106.10	60.40	166.50
Routine Home Care (61 +)	151.61	104.17	0.8000	83.34	47.44	130.78
Continuous Home Care	976.80	671.16	0.8000	536.93	305.64	842.57
Continuous Home Care - SIA	40.70	27.97	0.8000	22.38	12.74	35.11
Inpatient Respite	181.87	98.45	0.8000	78.76	83.43	162.18
General Inpatient Care	743.55	475.95	0.8000	380.76	267.60	648.36

Continuous Home Care Hourly Rate = 842.57 / 24 hours = \$35.11

Continuous Home Care - SIA Rate = 35.11 / 4 quarters = \$8.78



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 : 10/01/2017

	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)	193.03	132.63	0.9519	126.25	60.40	186.65
Routine Home Care (61 +)	151.61	104.17	0.9519	99.16	47.44	146.60
Continuous Home Care	976.80	671.16	0.9519	638.88	305.64	944.52
Continuous Home Care - SIA	40.70	27.97	0.9519	26.62	12.74	39.35
Inpatient Respite	181.87	98.45	0.9519	93.71	83.43	177.13
General Inpatient Care	743.55	475.95	0.9519	453.06	267.60	720.66

Continuous Home Care Hourly Rate = $944.52 / 24 \text{ hours} = \39.35

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



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 : 10/01/2017

	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)	193.03	132.63	0.9771	129.59	60.40	189.99
Routine Home Care (61 +)	151.61	104.17	0.9771	101.78	47.44	149.22
Continuous Home Care	976.80	671.16	0.9771	655.79	305.64	961.43
Continuous Home Care - SIA	40.70	27.97	0.9771	27.33	12.74	40.06
Inpatient Respite	181.87	98.45	0.9771	96.20	83.43	179.62
General Inpatient Care	743.55	475.95	0.9771	465.05	267.60	732.65

Continuous Home Care Hourly Rate = 961.43 / 24 hours = \$40.06

Continuous Home Care - SIA Rate = 40.06 / 4 quarters = \$10.01



Florida Agency for Health Care Administration

0042448-00

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 Services of FL II, Inc.

Provider Number : 0042448-00

County : Dade (13)

Effective Date : 10/01/2017

	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)	193.03	132.63	0.9519	126.25	60.40	186.65
Routine Home Care (61 +)	151.61	104.17	0.9519	99.16	47.44	146.60
Continuous Home Care	976.80	671.16	0.9519	638.88	305.64	944.52
Continuous Home Care - SIA	40.70	27.97	0.9519	26.62	12.74	39.35
Inpatient Respite	181.87	98.45	0.9519	93.71	83.43	177.13
General Inpatient Care	743.55	475.95	0.9519	453.06	267.60	720.66

Continuous Home Care Hourly Rate = $944.52 / 24 \text{ hours} = \39.35

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



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 : 10/01/2017

	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)	193.03	132.63	0.8000	106.10	60.40	166.50
Routine Home Care (61 +)	151.61	104.17	0.8000	83.34	47.44	130.78
Continuous Home Care	976.80	671.16	0.8000	536.93	305.64	842.57
Continuous Home Care - SIA	40.70	27.97	0.8000	22.38	12.74	35.11
Inpatient Respite	181.87	98.45	0.8000	78.76	83.43	162.18
General Inpatient Care	743.55	475.95	0.8000	380.76	267.60	648.36

Continuous Home Care Hourly Rate = 842.57 / 24 hours = \$35.11

Continuous Home Care - SIA Rate = 35.11 / 4 quarters = \$8.78



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 : 10/01/2017

	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)	193.03	132.63	0.8645	114.66	60.40	175.06
Routine Home Care (61 +)	151.61	104.17	0.8645	90.06	47.44	137.50
Continuous Home Care	976.80	671.16	0.8645	580.22	305.64	885.86
Continuous Home Care - SIA	40.70	27.97	0.8645	24.18	12.74	36.91
Inpatient Respite	181.87	98.45	0.8645	85.11	83.43	168.53
General Inpatient Care	743.55	475.95	0.8645	411.46	267.60	679.06

Continuous Home Care Hourly Rate = 885.86 / 24 hours = \$36.91

Continuous Home Care - SIA Rate = 36.91 / 4 quarters = \$9.23



Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hernando-Pasco Hospice

Provider Number : 0140437-00

County : Pasco (51)

Effective Date : 10/01/2017

	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)	193.03	132.63	0.9044	119.95	60.40	180.35
Routine Home Care (61 +)	151.61	104.17	0.9044	94.21	47.44	141.65
Continuous Home Care	976.80	671.16	0.9044	607.00	305.64	912.64
Continuous Home Care - SIA	40.70	27.97	0.9044	25.30	12.74	38.03
Inpatient Respite	181.87	98.45	0.9044	89.04	83.43	172.46
General Inpatient Care	743.55	475.95	0.9044	430.45	267.60	698.05

Continuous Home Care Hourly Rate = 912.64 / 24 hours = \$38.03

Continuous Home Care - SIA Rate = 38.03 / 4 quarters = \$9.51



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 : 10/01/2017

	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)	193.03	132.63	0.9519	126.25	60.40	186.65
Routine Home Care (61 +)	151.61	104.17	0.9519	99.16	47.44	146.60
Continuous Home Care	976.80	671.16	0.9519	638.88	305.64	944.52
Continuous Home Care - SIA	40.70	27.97	0.9519	26.62	12.74	39.35
Inpatient Respite	181.87	98.45	0.9519	93.71	83.43	177.13
General Inpatient Care	743.55	475.95	0.9519	453.06	267.60	720.66

Continuous Home Care Hourly Rate = 944.52 / 24 hours = \$39.35

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



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 : 10/01/2017

	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)	193.03	132.63	0.8000	106.10	60.40	166.50
Routine Home Care (61 +)	151.61	104.17	0.8000	83.34	47.44	130.78
Continuous Home Care	976.80	671.16	0.8000	536.93	305.64	842.57
Continuous Home Care - SIA	40.70	27.97	0.8000	22.38	12.74	35.11
Inpatient Respite	181.87	98.45	0.8000	78.76	83.43	162.18
General Inpatient Care	743.55	475.95	0.8000	380.76	267.60	648.36

Continuous Home Care Hourly Rate = 842.57 / 24 hours = \$35.11

Continuous Home Care - SIA Rate = 35.11 / 4 quarters = \$8.78



Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Seasons Hospice & Palliative Care Broward FL LLC

Provider Number : 0153280-00

County : Broward (6)

Effective Date : 10/01/2017

	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)	193.03	132.63	0.9771	129.59	60.40	189.99
Routine Home Care (61 +)	151.61	104.17	0.9771	101.78	47.44	149.22
Continuous Home Care	976.80	671.16	0.9771	655.79	305.64	961.43
Continuous Home Care - SIA	40.70	27.97	0.9771	27.33	12.74	40.06
Inpatient Respite	181.87	98.45	0.9771	96.20	83.43	179.62
General Inpatient Care	743.55	475.95	0.9771	465.05	267.60	732.65

Continuous Home Care Hourly Rate = 961.43 / 24 hours = \$40.06

Continuous Home Care - SIA Rate = 40.06 / 4 quarters = \$10.01



Florida Agency for Health Care Administration

0159861-00

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 : 0159861-00

County : Escambia (17)

Effective Date : 10/01/2017

	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)	193.03	132.63	0.8000	106.10	60.40	166.50
Routine Home Care (61 +)	151.61	104.17	0.8000	83.34	47.44	130.78
Continuous Home Care	976.80	671.16	0.8000	536.93	305.64	842.57
Continuous Home Care - SIA	40.70	27.97	0.8000	22.38	12.74	35.11
Inpatient Respite	181.87	98.45	0.8000	78.76	83.43	162.18
General Inpatient Care	743.55	475.95	0.8000	380.76	267.60	648.36

Continuous Home Care Hourly Rate = 842.57 / 24 hours = \$35.11

Continuous Home Care - SIA Rate = 35.11 / 4 quarters = \$8.78



Florida Agency for Health Care Administration

0162544-00

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 Healthcare of Marion County

Provider Number : 0162544-00

County : Orange (48)

Effective Date : 10/01/2017

	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)	193.03	132.63	0.9025	119.70	60.40	180.10
Routine Home Care (61 +)	151.61	104.17	0.9025	94.01	47.44	141.45
Continuous Home Care	976.80	671.16	0.9025	605.72	305.64	911.36
Continuous Home Care - SIA	40.70	27.97	0.9025	25.24	12.74	37.97
Inpatient Respite	181.87	98.45	0.9025	88.85	83.43	172.27
General Inpatient Care	743.55	475.95	0.9025	429.54	267.60	697.14

Continuous Home Care Hourly Rate = 911.36 / 24 hours = \$37.97

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



Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Compassionate Care Hospice of Lake & Sumter

Provider Number : 0172875-00

County : Lake (35)

Effective Date : 10/01/2017

	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)	193.03	132.63	0.9025	119.70	60.40	180.10
Routine Home Care (61 +)	151.61	104.17	0.9025	94.01	47.44	141.45
Continuous Home Care	976.80	671.16	0.9025	605.72	305.64	911.36
Continuous Home Care - SIA	40.70	27.97	0.9025	25.24	12.74	37.97
Inpatient Respite	181.87	98.45	0.9025	88.85	83.43	172.27
General Inpatient Care	743.55	475.95	0.9025	429.54	267.60	697.14

Continuous Home Care Hourly Rate = 911.36 / 24 hours = \$37.97

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



Florida Agency for Health Care Administration

0192558-00

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 Services of Florida Inc.

Provider Number : 0192558-00

County : Dade (13)

Effective Date : 10/01/2017

	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)	193.03	132.63	0.9519	126.25	60.40	186.65
Routine Home Care (61 +)	151.61	104.17	0.9519	99.16	47.44	146.60
Continuous Home Care	976.80	671.16	0.9519	638.88	305.64	944.52
Continuous Home Care - SIA	40.70	27.97	0.9519	26.62	12.74	39.35
Inpatient Respite	181.87	98.45	0.9519	93.71	83.43	177.13
General Inpatient Care	743.55	475.95	0.9519	453.06	267.60	720.66

Continuous Home Care Hourly Rate = 944.52 / 24 hours = \$39.35

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



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 : 10/01/2017

	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)	193.03	132.63	0.8645	114.66	60.40	175.06
Routine Home Care (61 +)	151.61	104.17	0.8645	90.06	47.44	137.50
Continuous Home Care	976.80	671.16	0.8645	580.22	305.64	885.86
Continuous Home Care - SIA	40.70	27.97	0.8645	24.18	12.74	36.91
Inpatient Respite	181.87	98.45	0.8645	85.11	83.43	168.53
General Inpatient Care	743.55	475.95	0.8645	411.46	267.60	679.06

Continuous Home Care Hourly Rate = $885.86 / 24 \text{ hours} = \36.91

Continuous Home Care - SIA Rate = $36.91 / 4 \text{ quarters} = \9.23



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 : 10/01/2017

	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)	193.03	132.63	0.9519	126.25	60.40	186.65
Routine Home Care (61 +)	151.61	104.17	0.9519	99.16	47.44	146.60
Continuous Home Care	976.80	671.16	0.9519	638.88	305.64	944.52
Continuous Home Care - SIA	40.70	27.97	0.9519	26.62	12.74	39.35
Inpatient Respite	181.87	98.45	0.9519	93.71	83.43	177.13
General Inpatient Care	743.55	475.95	0.9519	453.06	267.60	720.66

Continuous Home Care Hourly Rate = $944.52 / 24 \text{ hours} = \39.35

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



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 : 10/01/2017

	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)	193.03	132.63	0.8645	114.66	60.40	175.06
Routine Home Care (61 +)	151.61	104.17	0.8645	90.06	47.44	137.50
Continuous Home Care	976.80	671.16	0.8645	580.22	305.64	885.86
Continuous Home Care - SIA	40.70	27.97	0.8645	24.18	12.74	36.91
Inpatient Respite	181.87	98.45	0.8645	85.11	83.43	168.53
General Inpatient Care	743.55	475.95	0.8645	411.46	267.60	679.06

Continuous Home Care Hourly Rate = 885.86 / 24 hours = \$36.91

Continuous Home Care - SIA Rate = 36.91 / 4 quarters = \$9.23



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 : 10/01/2017

	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)	193.03	132.63	0.9025	119.70	60.40	180.10
Routine Home Care (61 +)	151.61	104.17	0.9025	94.01	47.44	141.45
Continuous Home Care	976.80	671.16	0.9025	605.72	305.64	911.36
Continuous Home Care - SIA	40.70	27.97	0.9025	25.24	12.74	37.97
Inpatient Respite	181.87	98.45	0.9025	88.85	83.43	172.27
General Inpatient Care	743.55	475.95	0.9025	429.54	267.60	697.14

Continuous Home Care Hourly Rate = $911.36 / 24 \text{ hours} = \37.97

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



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 : 10/01/2017

	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)	193.03	132.63	0.9078	120.40	60.40	180.80
Routine Home Care (61 +)	151.61	104.17	0.9078	94.57	47.44	142.01
Continuous Home Care	976.80	671.16	0.9078	609.28	305.64	914.92
Continuous Home Care - SIA	40.70	27.97	0.9078	25.39	12.74	38.12
Inpatient Respite	181.87	98.45	0.9078	89.37	83.43	172.79
General Inpatient Care	743.55	475.95	0.9078	432.07	267.60	699.67

Continuous Home Care Hourly Rate = 914.92 / 24 hours = \$38.12

Continuous Home Care - SIA Rate = 38.12 / 4 quarters = \$9.53



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 : 10/01/2017

	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)	193.03	132.63	0.9408	124.78	60.40	185.18
Routine Home Care (61 +)	151.61	104.17	0.9408	98.00	47.44	145.44
Continuous Home Care	976.80	671.16	0.9408	631.43	305.64	937.07
Continuous Home Care - SIA	40.70	27.97	0.9408	26.31	12.74	39.04
Inpatient Respite	181.87	98.45	0.9408	92.62	83.43	176.04
General Inpatient Care	743.55	475.95	0.9408	447.77	267.60	715.37

Continuous Home Care Hourly Rate = 937.07 / 24 hours = \$39.04

Continuous Home Care - SIA Rate = 39.04 / 4 quarters = \$9.76



Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Palm Beach County

Provider Number : 0875163-00

County : Palm Beach (50)

Effective Date : 10/01/2017

	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)	193.03	132.63	0.9203	122.06	60.40	182.46
Routine Home Care (61 +)	151.61	104.17	0.9203	95.87	47.44	143.31
Continuous Home Care	976.80	671.16	0.9203	617.67	305.64	923.31
Continuous Home Care - SIA	40.70	27.97	0.9203	25.74	12.74	38.47
Inpatient Respite	181.87	98.45	0.9203	90.60	83.43	174.02
General Inpatient Care	743.55	475.95	0.9203	438.02	267.60	705.62

Continuous Home Care Hourly Rate = 923.31 / 24 hours = \$38.47

Continuous Home Care - SIA Rate = 38.47 / 4 quarters = \$9.62



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 : 10/01/2017

	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)	193.03	132.63	1.0124	134.27	60.40	194.67
Routine Home Care (61 +)	151.61	104.17	1.0124	105.46	47.44	152.90
Continuous Home Care	976.80	671.16	1.0124	679.48	305.64	985.12
Continuous Home Care - SIA	40.70	27.97	1.0124	28.32	12.74	41.05
Inpatient Respite	181.87	98.45	1.0124	99.67	83.43	183.09
General Inpatient Care	743.55	475.95	1.0124	481.85	267.60	749.45

Continuous Home Care Hourly Rate = 985.12 / 24 hours = \$41.05

Continuous Home Care - SIA Rate = 41.05 / 4 quarters = \$10.26



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 : 10/01/2017

	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)	193.03	132.63	0.8298	110.06	60.40	170.46
Routine Home Care (61 +)	151.61	104.17	0.8298	86.44	47.44	133.88
Continuous Home Care	976.80	671.16	0.8298	556.93	305.64	862.57
Continuous Home Care - SIA	40.70	27.97	0.8298	23.21	12.74	35.94
Inpatient Respite	181.87	98.45	0.8298	81.69	83.43	165.11
General Inpatient Care	743.55	475.95	0.8298	394.94	267.60	662.54

Continuous Home Care Hourly Rate = 862.57 / 24 hours = \$35.94

Continuous Home Care - SIA Rate = 35.94 / 4 quarters = \$8.98



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 : 10/01/2017

	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)	193.03	132.63	0.8645	114.66	60.40	175.06
Routine Home Care (61 +)	151.61	104.17	0.8645	90.06	47.44	137.50
Continuous Home Care	976.80	671.16	0.8645	580.22	305.64	885.86
Continuous Home Care - SIA	40.70	27.97	0.8645	24.18	12.74	36.91
Inpatient Respite	181.87	98.45	0.8645	85.11	83.43	168.53
General Inpatient Care	743.55	475.95	0.8645	411.46	267.60	679.06

Continuous Home Care Hourly Rate = 885.86 / 24 hours = \$36.91

Continuous Home Care - SIA Rate = 36.91 / 4 quarters = \$9.23



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 : 10/01/2017

	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)	193.03	132.63	0.8014	106.29	60.40	166.69
Routine Home Care (61 +)	151.61	104.17	0.8014	83.48	47.44	130.92
Continuous Home Care	976.80	671.16	0.8014	537.87	305.64	843.51
Continuous Home Care - SIA	40.70	27.97	0.8014	22.42	12.74	35.15
Inpatient Respite	181.87	98.45	0.8014	78.90	83.43	162.32
General Inpatient Care	743.55	475.95	0.8014	381.43	267.60	649.03

Continuous Home Care Hourly Rate = 843.51 / 24 hours = \$35.15

Continuous Home Care - SIA Rate = 35.15 / 4 quarters = \$8.79



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 : 10/01/2017

	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)	193.03	132.63	0.8403	111.45	60.40	171.85
Routine Home Care (61 +)	151.61	104.17	0.8403	87.53	47.44	134.97
Continuous Home Care	976.80	671.16	0.8403	563.98	305.64	869.62
Continuous Home Care - SIA	40.70	27.97	0.8403	23.50	12.74	36.23
Inpatient Respite	181.87	98.45	0.8403	82.73	83.43	166.15
General Inpatient Care	743.55	475.95	0.8403	399.94	267.60	667.54

Continuous Home Care Hourly Rate = 869.62 / 24 hours = \$36.23

Continuous Home Care - SIA Rate = 36.23 / 4 quarters = \$9.06



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 : 10/01/2017

	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)	193.03	132.63	0.8146	108.04	60.40	168.44
Routine Home Care (61 +)	151.61	104.17	0.8146	84.86	47.44	132.30
Continuous Home Care	976.80	671.16	0.8146	546.73	305.64	852.37
Continuous Home Care - SIA	40.70	27.97	0.8146	22.78	12.74	35.51
Inpatient Respite	181.87	98.45	0.8146	80.20	83.43	163.62
General Inpatient Care	743.55	475.95	0.8146	387.71	267.60	655.31

Continuous Home Care Hourly Rate = 852.37 / 24 hours = \$35.52

Continuous Home Care - SIA Rate = 35.51 / 4 quarters = \$8.88



Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Lake and Sumter

Provider Number : 0875261-00

County : Lake (35)

Effective Date : 10/01/2017

	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)	193.03	132.63	0.9025	119.70	60.40	180.10
Routine Home Care (61 +)	151.61	104.17	0.9025	94.01	47.44	141.45
Continuous Home Care	976.80	671.16	0.9025	605.72	305.64	911.36
Continuous Home Care - SIA	40.70	27.97	0.9025	25.24	12.74	37.97
Inpatient Respite	181.87	98.45	0.9025	88.85	83.43	172.27
General Inpatient Care	743.55	475.95	0.9025	429.54	267.60	697.14

Continuous Home Care Hourly Rate = 911.36 / 24 hours = \$37.97

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



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 : 10/01/2017

	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)	193.03	132.63	0.9708	128.76	60.40	189.16
Routine Home Care (61 +)	151.61	104.17	0.9708	101.13	47.44	148.57
Continuous Home Care	976.80	671.16	0.9708	651.56	305.64	957.20
Continuous Home Care - SIA	40.70	27.97	0.9708	27.15	12.74	39.88
Inpatient Respite	181.87	98.45	0.9708	95.58	83.43	179.00
General Inpatient Care	743.55	475.95	0.9708	462.05	267.60	729.65

Continuous Home Care Hourly Rate = 957.20 / 24 hours = \$39.88

Continuous Home Care - SIA Rate = 39.88 / 4 quarters = \$9.97



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 : 10/01/2017

	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)	193.03	132.63	0.9408	124.78	60.40	185.18
Routine Home Care (61 +)	151.61	104.17	0.9408	98.00	47.44	145.44
Continuous Home Care	976.80	671.16	0.9408	631.43	305.64	937.07
Continuous Home Care - SIA	40.70	27.97	0.9408	26.31	12.74	39.04
Inpatient Respite	181.87	98.45	0.9408	92.62	83.43	176.04
General Inpatient Care	743.55	475.95	0.9408	447.77	267.60	715.37

Continuous Home Care Hourly Rate = 937.07 / 24 hours = \$39.04

Continuous Home Care - SIA Rate = 39.04 / 4 quarters = \$9.76



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 : 10/01/2017

	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)	193.03	132.63	0.9203	122.06	60.40	182.46
Routine Home Care (61 +)	151.61	104.17	0.9203	95.87	47.44	143.31
Continuous Home Care	976.80	671.16	0.9203	617.67	305.64	923.31
Continuous Home Care - SIA	40.70	27.97	0.9203	25.74	12.74	38.47
Inpatient Respite	181.87	98.45	0.9203	90.60	83.43	174.02
General Inpatient Care	743.55	475.95	0.9203	438.02	267.60	705.62

Continuous Home Care Hourly Rate = 923.31 / 24 hours = \$38.47

Continuous Home Care - SIA Rate = 38.47 / 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 : 10/01/2017

	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)	193.03	132.63	0.9044	119.95	60.40	180.35
Routine Home Care (61 +)	151.61	104.17	0.9044	94.21	47.44	141.65
Continuous Home Care	976.80	671.16	0.9044	607.00	305.64	912.64
Continuous Home Care - SIA	40.70	27.97	0.9044	25.30	12.74	38.03
Inpatient Respite	181.87	98.45	0.9044	89.04	83.43	172.46
General Inpatient Care	743.55	475.95	0.9044	430.45	267.60	698.05

Continuous Home Care Hourly Rate = 912.64 / 24 hours = \$38.03

Continuous Home Care - SIA Rate = 38.03 / 4 quarters = \$9.51



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 : 10/01/2017

	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)	193.03	132.63	0.9403	124.71	60.40	185.11
Routine Home Care (61 +)	151.61	104.17	0.9403	97.95	47.44	145.39
Continuous Home Care	976.80	671.16	0.9403	631.09	305.64	936.73
Continuous Home Care - SIA	40.70	27.97	0.9403	26.30	12.74	39.03
Inpatient Respite	181.87	98.45	0.9403	92.57	83.43	175.99
General Inpatient Care	743.55	475.95	0.9403	447.54	267.60	715.14

Continuous Home Care Hourly Rate = $936.73 / 24 \text{ hours} = \39.03

Continuous Home Care - SIA Rate = $39.03 / 4 \text{ quarters} = \9.76



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 : 10/01/2017

	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)	193.03	132.63	0.7995	106.04	60.40	166.44
Routine Home Care (61 +)	151.61	104.17	0.7995	83.28	47.44	130.72
Continuous Home Care	976.80	671.16	0.7995	536.59	305.64	842.23
Continuous Home Care - SIA	40.70	27.97	0.7995	22.36	12.74	35.09
Inpatient Respite	181.87	98.45	0.7995	78.71	83.43	162.13
General Inpatient Care	743.55	475.95	0.7995	380.52	267.60	648.12

Continuous Home Care Hourly Rate = 842.23 / 24 hours = \$35.09

Continuous Home Care - SIA Rate = 35.09 / 4 quarters = \$8.77



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 : 10/01/2017

	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)	193.03	132.63	0.8461	112.22	60.40	172.62
Routine Home Care (61 +)	151.61	104.17	0.8461	88.14	47.44	135.58
Continuous Home Care	976.80	671.16	0.8461	567.87	305.64	873.51
Continuous Home Care - SIA	40.70	27.97	0.8461	23.67	12.74	36.40
Inpatient Respite	181.87	98.45	0.8461	83.30	83.43	166.72
General Inpatient Care	743.55	475.95	0.8461	402.70	267.60	670.30

Continuous Home Care Hourly Rate = 873.51 / 24 hours = \$36.40

Continuous Home Care - SIA Rate = 36.40 / 4 quarters = \$9.10



Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Okeechobee

Provider Number : 0875384-00

County : Okeechobee (47)

Effective Date : 10/01/2017

	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)	193.03	132.63	0.8146	108.04	60.40	168.44
Routine Home Care (61 +)	151.61	104.17	0.8146	84.86	47.44	132.30
Continuous Home Care	976.80	671.16	0.8146	546.73	305.64	852.37
Continuous Home Care - SIA	40.70	27.97	0.8146	22.78	12.74	35.51
Inpatient Respite	181.87	98.45	0.8146	80.20	83.43	163.62
General Inpatient Care	743.55	475.95	0.8146	387.71	267.60	655.31

Continuous Home Care Hourly Rate = 852.37 / 24 hours = \$35.52

Continuous Home Care - SIA Rate = 35.51 / 4 quarters = \$8.88



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 : 10/01/2017

	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)	193.03	132.63	0.9519	126.25	60.40	186.65
Routine Home Care (61 +)	151.61	104.17	0.9519	99.16	47.44	146.60
Continuous Home Care	976.80	671.16	0.9519	638.88	305.64	944.52
Continuous Home Care - SIA	40.70	27.97	0.9519	26.62	12.74	39.35
Inpatient Respite	181.87	98.45	0.9519	93.71	83.43	177.13
General Inpatient Care	743.55	475.95	0.9519	453.06	267.60	720.66

Continuous Home Care Hourly Rate = 944.52 / 24 hours = \$39.35

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



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 : 10/01/2017

	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)	193.03	132.63	0.9044	119.95	60.40	180.35
Routine Home Care (61 +)	151.61	104.17	0.9044	94.21	47.44	141.65
Continuous Home Care	976.80	671.16	0.9044	607.00	305.64	912.64
Continuous Home Care - SIA	40.70	27.97	0.9044	25.30	12.74	38.03
Inpatient Respite	181.87	98.45	0.9044	89.04	83.43	172.46
General Inpatient Care	743.55	475.95	0.9044	430.45	267.60	698.05

Continuous Home Care Hourly Rate = 912.64 / 24 hours = \$38.03

Continuous Home Care - SIA Rate = 38.03 / 4 quarters = \$9.51



Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Gold Coast

Provider Number : 1500007-00

County : Broward (6)

Effective Date : 10/01/2017

	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)	193.03	132.63	0.9771	129.59	60.40	189.99
Routine Home Care (61 +)	151.61	104.17	0.9771	101.78	47.44	149.22
Continuous Home Care	976.80	671.16	0.9771	655.79	305.64	961.43
Continuous Home Care - SIA	40.70	27.97	0.9771	27.33	12.74	40.06
Inpatient Respite	181.87	98.45	0.9771	96.20	83.43	179.62
General Inpatient Care	743.55	475.95	0.9771	465.05	267.60	732.65

Continuous Home Care Hourly Rate = 961.43 / 24 hours = \$40.06

Continuous Home Care - SIA Rate = 40.06 / 4 quarters = \$10.01



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 : 10/01/2017

	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)	189.22	130.01	0.9519	123.76	59.21	182.97
Routine Home Care (61 +)	148.60	102.10	0.9519	97.19	46.50	143.69
Continuous Home Care	957.45	657.87	0.9519	626.23	299.59	925.81
Continuous Home Care - SIA	39.89	27.41	0.9519	26.09	12.48	38.57
Inpatient Respite	178.27	96.50	0.9519	91.86	81.77	173.63
General Inpatient Care	728.83	466.52	0.9519	444.08	262.31	706.39

Continuous Home Care Hourly Rate = 925.81 / 24 hours = \$38.58

Continuous Home Care - SIA Rate = 38.57 / 4 quarters = \$9.64



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 : 10/01/2017

	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)	193.03	132.63	0.8014	106.29	60.40	166.69
Routine Home Care (61 +)	151.61	104.17	0.8014	83.48	47.44	130.92
Continuous Home Care	976.80	671.16	0.8014	537.87	305.64	843.51
Continuous Home Care - SIA	40.70	27.97	0.8014	22.42	12.74	35.15
Inpatient Respite	181.87	98.45	0.8014	78.90	83.43	162.32
General Inpatient Care	743.55	475.95	0.8014	381.43	267.60	649.03

Continuous Home Care Hourly Rate = 843.51 / 24 hours = \$35.15

Continuous Home Care - SIA Rate = 35.15 / 4 quarters = \$8.79



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 : 10/01/2017

	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)	193.03	132.63	0.8304	110.14	60.40	170.54
Routine Home Care (61 +)	151.61	104.17	0.8304	86.50	47.44	133.94
Continuous Home Care	976.80	671.16	0.8304	557.33	305.64	862.97
Continuous Home Care - SIA	40.70	27.97	0.8304	23.23	12.74	35.96
Inpatient Respite	181.87	98.45	0.8304	81.75	83.43	165.17
General Inpatient Care	743.55	475.95	0.8304	395.23	267.60	662.83

Continuous Home Care Hourly Rate = 862.97 / 24 hours = \$35.96

Continuous Home Care - SIA Rate = 35.96 / 4 quarters = \$8.99



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 : 10/01/2017

	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)	193.03	132.63	0.9203	122.06	60.40	182.46
Routine Home Care (61 +)	151.61	104.17	0.9203	95.87	47.44	143.31
Continuous Home Care	976.80	671.16	0.9203	617.67	305.64	923.31
Continuous Home Care - SIA	40.70	27.97	0.9203	25.74	12.74	38.47
Inpatient Respite	181.87	98.45	0.9203	90.60	83.43	174.02
General Inpatient Care	743.55	475.95	0.9203	438.02	267.60	705.62

Continuous Home Care Hourly Rate = 923.31 / 24 hours = \$38.47

Continuous Home Care - SIA Rate = 38.47 / 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 : 10/01/2017

	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)	193.03	132.63	0.8000	106.10	60.40	166.50
Routine Home Care (61 +)	151.61	104.17	0.8000	83.34	47.44	130.78
Continuous Home Care	976.80	671.16	0.8000	536.93	305.64	842.57
Continuous Home Care - SIA	40.70	27.97	0.8000	22.38	12.74	35.11
Inpatient Respite	181.87	98.45	0.8000	78.76	83.43	162.18
General Inpatient Care	743.55	475.95	0.8000	380.76	267.60	648.36

Continuous Home Care Hourly Rate = 842.57 / 24 hours = \$35.11

Continuous Home Care - SIA Rate = 35.11 / 4 quarters = \$8.78



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 : 10/01/2017

	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)	193.03	132.63	0.9044	119.95	60.40	180.35
Routine Home Care (61 +)	151.61	104.17	0.9044	94.21	47.44	141.65
Continuous Home Care	976.80	671.16	0.9044	607.00	305.64	912.64
Continuous Home Care - SIA	40.70	27.97	0.9044	25.30	12.74	38.03
Inpatient Respite	181.87	98.45	0.9044	89.04	83.43	172.46
General Inpatient Care	743.55	475.95	0.9044	430.45	267.60	698.05

Continuous Home Care Hourly Rate = 912.64 / 24 hours = \$38.03

Continuous Home Care - SIA Rate = 38.03 / 4 quarters = \$9.51

