



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 : 10/01/2018

	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)	196.50	135.02	0.8957	120.94	61.48	182.42
Routine Home Care (61 +)	154.41	106.10	0.8957	95.03	48.31	143.34
Continuous Home Care	997.77	685.57	0.8957	614.07	312.20	926.27
Continuous Home Care - SIA	41.57	28.57	0.8957	25.59	13.00	38.59
Inpatient Respite	185.27	100.29	0.8957	89.83	84.98	174.81
General Inpatient Care	758.07	485.24	0.8957	434.63	272.83	707.46

Continuous Home Care Hourly Rate = 926.27 / 24 hours = \$38.59

Continuous Home Care - SIA Rate = 38.59 / 4 quarters = \$9.65



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 : 10/01/2018

	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)	196.50	135.02	0.8887	119.99	61.48	181.47
Routine Home Care (61 +)	154.41	106.10	0.8887	94.29	48.31	142.60
Continuous Home Care	997.77	685.57	0.8887	609.27	312.20	921.47
Continuous Home Care - SIA	41.57	28.57	0.8887	25.39	13.00	38.39
Inpatient Respite	185.27	100.29	0.8887	89.13	84.98	174.11
General Inpatient Care	758.07	485.24	0.8887	431.23	272.83	704.06

Continuous Home Care Hourly Rate = 921.47 / 24 hours = \$38.39

Continuous Home Care - SIA Rate = 38.39 / 4 quarters = \$9.60



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 : 10/01/2018

	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)	196.50	135.02	0.9349	126.23	61.48	187.71
Routine Home Care (61 +)	154.41	106.10	0.9349	99.19	48.31	147.50
Continuous Home Care	997.77	685.57	0.9349	640.94	312.20	953.14
Continuous Home Care - SIA	41.57	28.57	0.9349	26.71	13.00	39.71
Inpatient Respite	185.27	100.29	0.9349	93.76	84.98	178.74
General Inpatient Care	758.07	485.24	0.9349	453.65	272.83	726.48

Continuous Home Care Hourly Rate = 953.14 / 24 hours = \$39.71

Continuous Home Care - SIA Rate = 39.71 / 4 quarters = \$9.93



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 : 10/01/2018

	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)	196.50	135.02	0.8315	112.27	61.48	173.75
Routine Home Care (61 +)	154.41	106.10	0.8315	88.22	48.31	136.53
Continuous Home Care	997.77	685.57	0.8315	570.05	312.20	882.25
Continuous Home Care - SIA	41.57	28.57	0.8315	23.76	13.00	36.76
Inpatient Respite	185.27	100.29	0.8315	83.39	84.98	168.37
General Inpatient Care	758.07	485.24	0.8315	403.48	272.83	676.31

Continuous Home Care Hourly Rate = $882.25 / 24 \text{ hours} = \36.76

Continuous Home Care - SIA Rate = $36.76 / 4 \text{ quarters} = \9.19



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 : 10/01/2018

	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)	196.50	135.02	0.9349	126.23	61.48	187.71
Routine Home Care (61 +)	154.41	106.10	0.9349	99.19	48.31	147.50
Continuous Home Care	997.77	685.57	0.9349	640.94	312.20	953.14
Continuous Home Care - SIA	41.57	28.57	0.9349	26.71	13.00	39.71
Inpatient Respite	185.27	100.29	0.9349	93.76	84.98	178.74
General Inpatient Care	758.07	485.24	0.9349	453.65	272.83	726.48

Continuous Home Care Hourly Rate = $953.14 / 24 \text{ hours} = \39.71

Continuous Home Care - SIA Rate = $39.71 / 4 \text{ quarters} = \9.93



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 : 10/01/2018

	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)	196.50	135.02	0.9632	130.05	61.48	191.53
Routine Home Care (61 +)	154.41	106.10	0.9632	102.20	48.31	150.51
Continuous Home Care	997.77	685.57	0.9632	660.34	312.20	972.54
Continuous Home Care - SIA	41.57	28.57	0.9632	27.52	13.00	40.52
Inpatient Respite	185.27	100.29	0.9632	96.60	84.98	181.58
General Inpatient Care	758.07	485.24	0.9632	467.38	272.83	740.21

Continuous Home Care Hourly Rate = 972.54 / 24 hours = \$40.52

Continuous Home Care - SIA Rate = 40.52 / 4 quarters = \$10.13



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 : 10/01/2018

	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)	196.50	135.02	0.8887	119.99	61.48	181.47
Routine Home Care (61 +)	154.41	106.10	0.8887	94.29	48.31	142.60
Continuous Home Care	997.77	685.57	0.8887	609.27	312.20	921.47
Continuous Home Care - SIA	41.57	28.57	0.8887	25.39	13.00	38.39
Inpatient Respite	185.27	100.29	0.8887	89.13	84.98	174.11
General Inpatient Care	758.07	485.24	0.8887	431.23	272.83	704.06

Continuous Home Care Hourly Rate = 921.47 / 24 hours = \$38.39

Continuous Home Care - SIA Rate = 38.39 / 4 quarters = \$9.60



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 : 10/01/2018

	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)	196.50	135.02	0.9031	121.94	61.48	183.42
Routine Home Care (61 +)	154.41	106.10	0.9031	95.82	48.31	144.13
Continuous Home Care	997.77	685.57	0.9031	619.14	312.20	931.34
Continuous Home Care - SIA	41.57	28.57	0.9031	25.80	13.00	38.80
Inpatient Respite	185.27	100.29	0.9031	90.57	84.98	175.55
General Inpatient Care	758.07	485.24	0.9031	438.22	272.83	711.05

Continuous Home Care Hourly Rate = 931.34 / 24 hours = \$38.81

Continuous Home Care - SIA Rate = 38.80 / 4 quarters = \$9.70



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 : 10/01/2018

	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)	196.50	135.02	0.9349	126.23	61.48	187.71
Routine Home Care (61 +)	154.41	106.10	0.9349	99.19	48.31	147.50
Continuous Home Care	997.77	685.57	0.9349	640.94	312.20	953.14
Continuous Home Care - SIA	41.57	28.57	0.9349	26.71	13.00	39.71
Inpatient Respite	185.27	100.29	0.9349	93.76	84.98	178.74
General Inpatient Care	758.07	485.24	0.9349	453.65	272.83	726.48

Continuous Home Care Hourly Rate = 953.14 / 24 hours = \$39.71

Continuous Home Care - SIA Rate = 39.71 / 4 quarters = \$9.93



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 : 10/01/2018

	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)	196.50	135.02	0.8032	108.45	61.48	169.93
Routine Home Care (61 +)	154.41	106.10	0.8032	85.22	48.31	133.53
Continuous Home Care	997.77	685.57	0.8032	550.65	312.20	862.85
Continuous Home Care - SIA	41.57	28.57	0.8032	22.95	13.00	35.95
Inpatient Respite	185.27	100.29	0.8032	80.55	84.98	165.53
General Inpatient Care	758.07	485.24	0.8032	389.74	272.83	662.57

Continuous Home Care Hourly Rate = 862.85 / 24 hours = \$35.95

Continuous Home Care - SIA Rate = 35.95 / 4 quarters = \$8.99



Florida Agency for Health Care Administration

0153280-00

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 & Palliative Care Broward FL LLC

Provider Number : 0153280-00

County : Broward (6)

Effective Date : 10/01/2018

	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)	196.50	135.02	0.9632	130.05	61.48	191.53
Routine Home Care (61 +)	154.41	106.10	0.9632	102.20	48.31	150.51
Continuous Home Care	997.77	685.57	0.9632	660.34	312.20	972.54
Continuous Home Care - SIA	41.57	28.57	0.9632	27.52	13.00	40.52
Inpatient Respite	185.27	100.29	0.9632	96.60	84.98	181.58
General Inpatient Care	758.07	485.24	0.9632	467.38	272.83	740.21

Continuous Home Care Hourly Rate = $972.54 / 24 \text{ hours} = \40.52

Continuous Home Care - SIA Rate = $40.52 / 4 \text{ quarters} = \10.13



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 : 10/01/2018

	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)	196.50	135.02	0.8315	112.27	61.48	173.75
Routine Home Care (61 +)	154.41	106.10	0.8315	88.22	48.31	136.53
Continuous Home Care	997.77	685.57	0.8315	570.05	312.20	882.25
Continuous Home Care - SIA	41.57	28.57	0.8315	23.76	13.00	36.76
Inpatient Respite	185.27	100.29	0.8315	83.39	84.98	168.37
General Inpatient Care	758.07	485.24	0.8315	403.48	272.83	676.31

Continuous Home Care Hourly Rate = 882.25 / 24 hours = \$36.76

Continuous Home Care - SIA Rate = 36.76 / 4 quarters = \$9.19



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 : 10/01/2018

	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)	196.50	135.02	0.9022	121.82	61.48	183.30
Routine Home Care (61 +)	154.41	106.10	0.9022	95.72	48.31	144.03
Continuous Home Care	997.77	685.57	0.9022	618.52	312.20	930.72
Continuous Home Care - SIA	41.57	28.57	0.9022	25.78	13.00	38.78
Inpatient Respite	185.27	100.29	0.9022	90.48	84.98	175.46
General Inpatient Care	758.07	485.24	0.9022	437.78	272.83	710.61

Continuous Home Care Hourly Rate = $930.72 / 24 \text{ hours} = \38.78

Continuous Home Care - SIA Rate = $38.78 / 4 \text{ quarters} = \9.69



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 : 10/01/2018

	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)	196.50	135.02	0.9022	121.82	61.48	183.30
Routine Home Care (61 +)	154.41	106.10	0.9022	95.72	48.31	144.03
Continuous Home Care	997.77	685.57	0.9022	618.52	312.20	930.72
Continuous Home Care - SIA	41.57	28.57	0.9022	25.78	13.00	38.78
Inpatient Respite	185.27	100.29	0.9022	90.48	84.98	175.46
General Inpatient Care	758.07	485.24	0.9022	437.78	272.83	710.61

Continuous Home Care Hourly Rate = $930.72 / 24 \text{ hours} = \38.78

Continuous Home Care - SIA Rate = $38.78 / 4 \text{ quarters} = \9.69



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 : 10/01/2018

	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)	196.50	135.02	0.9349	126.23	61.48	187.71
Routine Home Care (61 +)	154.41	106.10	0.9349	99.19	48.31	147.50
Continuous Home Care	997.77	685.57	0.9349	640.94	312.20	953.14
Continuous Home Care - SIA	41.57	28.57	0.9349	26.71	13.00	39.71
Inpatient Respite	185.27	100.29	0.9349	93.76	84.98	178.74
General Inpatient Care	758.07	485.24	0.9349	453.65	272.83	726.48

Continuous Home Care Hourly Rate = 953.14 / 24 hours = \$39.71

Continuous Home Care - SIA Rate = 39.71 / 4 quarters = \$9.93



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 : 10/01/2018

	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)	196.50	135.02	0.8512	114.93	61.48	176.41
Routine Home Care (61 +)	154.41	106.10	0.8512	90.31	48.31	138.62
Continuous Home Care	997.77	685.57	0.8512	583.56	312.20	895.76
Continuous Home Care - SIA	41.57	28.57	0.8512	24.32	13.00	37.32
Inpatient Respite	185.27	100.29	0.8512	85.37	84.98	170.35
General Inpatient Care	758.07	485.24	0.8512	413.04	272.83	685.87

Continuous Home Care Hourly Rate = 895.76 / 24 hours = \$37.32

Continuous Home Care - SIA Rate = 37.32 / 4 quarters = \$9.33



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 : 10/01/2018

	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)	196.50	135.02	0.9349	126.23	61.48	187.71
Routine Home Care (61 +)	154.41	106.10	0.9349	99.19	48.31	147.50
Continuous Home Care	997.77	685.57	0.9349	640.94	312.20	953.14
Continuous Home Care - SIA	41.57	28.57	0.9349	26.71	13.00	39.71
Inpatient Respite	185.27	100.29	0.9349	93.76	84.98	178.74
General Inpatient Care	758.07	485.24	0.9349	453.65	272.83	726.48

Continuous Home Care Hourly Rate = 953.14 / 24 hours = \$39.71

Continuous Home Care - SIA Rate = 39.71 / 4 quarters = \$9.93



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 : 10/01/2018

	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)	196.50	135.02	0.8887	119.99	61.48	181.47
Routine Home Care (61 +)	154.41	106.10	0.8887	94.29	48.31	142.60
Continuous Home Care	997.77	685.57	0.8887	609.27	312.20	921.47
Continuous Home Care - SIA	41.57	28.57	0.8887	25.39	13.00	38.39
Inpatient Respite	185.27	100.29	0.8887	89.13	84.98	174.11
General Inpatient Care	758.07	485.24	0.8887	431.23	272.83	704.06

Continuous Home Care Hourly Rate = 921.47 / 24 hours = \$38.39

Continuous Home Care - SIA Rate = 38.39 / 4 quarters = \$9.60



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 : 10/01/2018

	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)	196.50	135.02	0.9022	121.82	61.48	183.30
Routine Home Care (61 +)	154.41	106.10	0.9022	95.72	48.31	144.03
Continuous Home Care	997.77	685.57	0.9022	618.52	312.20	930.72
Continuous Home Care - SIA	41.57	28.57	0.9022	25.78	13.00	38.78
Inpatient Respite	185.27	100.29	0.9022	90.48	84.98	175.46
General Inpatient Care	758.07	485.24	0.9022	437.78	272.83	710.61

Continuous Home Care Hourly Rate = $930.72 / 24 \text{ hours} = \38.78

Continuous Home Care - SIA Rate = $38.78 / 4 \text{ quarters} = \9.69



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 : 10/01/2018

	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)	196.50	135.02	0.8957	120.94	61.48	182.42
Routine Home Care (61 +)	154.41	106.10	0.8957	95.03	48.31	143.34
Continuous Home Care	997.77	685.57	0.8957	614.07	312.20	926.27
Continuous Home Care - SIA	41.57	28.57	0.8957	25.59	13.00	38.59
Inpatient Respite	185.27	100.29	0.8957	89.83	84.98	174.81
General Inpatient Care	758.07	485.24	0.8957	434.63	272.83	707.46

Continuous Home Care Hourly Rate = 926.27 / 24 hours = \$38.59

Continuous Home Care - SIA Rate = 38.59 / 4 quarters = \$9.65



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 : 10/01/2018

	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)	196.50	135.02	0.9149	123.53	61.48	185.01
Routine Home Care (61 +)	154.41	106.10	0.9149	97.07	48.31	145.38
Continuous Home Care	997.77	685.57	0.9149	627.23	312.20	939.43
Continuous Home Care - SIA	41.57	28.57	0.9149	26.14	13.00	39.14
Inpatient Respite	185.27	100.29	0.9149	91.76	84.98	176.74
General Inpatient Care	758.07	485.24	0.9149	443.95	272.83	716.78

Continuous Home Care Hourly Rate = 939.43 / 24 hours = \$39.14

Continuous Home Care - SIA Rate = 39.14 / 4 quarters = \$9.78



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 : 10/01/2018

	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)	196.50	135.02	0.9150	123.54	61.48	185.02
Routine Home Care (61 +)	154.41	106.10	0.9150	97.08	48.31	145.39
Continuous Home Care	997.77	685.57	0.9150	627.30	312.20	939.50
Continuous Home Care - SIA	41.57	28.57	0.9150	26.14	13.00	39.14
Inpatient Respite	185.27	100.29	0.9150	91.77	84.98	176.75
General Inpatient Care	758.07	485.24	0.9150	443.99	272.83	716.82

Continuous Home Care Hourly Rate = 939.50 / 24 hours = \$39.15

Continuous Home Care - SIA Rate = 39.14 / 4 quarters = \$9.79



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 : 10/01/2018

	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)	196.50	135.02	0.9071	122.48	61.48	183.96
Routine Home Care (61 +)	154.41	106.10	0.9071	96.24	48.31	144.55
Continuous Home Care	997.77	685.57	0.9071	621.88	312.20	934.08
Continuous Home Care - SIA	41.57	28.57	0.9071	25.92	13.00	38.92
Inpatient Respite	185.27	100.29	0.9071	90.97	84.98	175.95
General Inpatient Care	758.07	485.24	0.9071	440.16	272.83	712.99

Continuous Home Care Hourly Rate = 934.08 / 24 hours = \$38.92

Continuous Home Care - SIA Rate = 38.92 / 4 quarters = \$9.73



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 : 10/01/2018

	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)	196.50	135.02	0.8287	111.89	61.48	173.37
Routine Home Care (61 +)	154.41	106.10	0.8287	87.93	48.31	136.24
Continuous Home Care	997.77	685.57	0.8287	568.13	312.20	880.33
Continuous Home Care - SIA	41.57	28.57	0.8287	23.68	13.00	36.68
Inpatient Respite	185.27	100.29	0.8287	83.11	84.98	168.09
General Inpatient Care	758.07	485.24	0.8287	402.12	272.83	674.95

Continuous Home Care Hourly Rate = 880.33 / 24 hours = \$36.68

Continuous Home Care - SIA Rate = 36.68 / 4 quarters = \$9.17



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 : 10/01/2018

	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)	196.50	135.02	0.8887	119.99	61.48	181.47
Routine Home Care (61 +)	154.41	106.10	0.8887	94.29	48.31	142.60
Continuous Home Care	997.77	685.57	0.8887	609.27	312.20	921.47
Continuous Home Care - SIA	41.57	28.57	0.8887	25.39	13.00	38.39
Inpatient Respite	185.27	100.29	0.8887	89.13	84.98	174.11
General Inpatient Care	758.07	485.24	0.8887	431.23	272.83	704.06

Continuous Home Care Hourly Rate = 921.47 / 24 hours = \$38.39

Continuous Home Care - SIA Rate = 38.39 / 4 quarters = \$9.60



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 : 10/01/2018

	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)	196.50	135.02	0.8185	110.51	61.48	171.99
Routine Home Care (61 +)	154.41	106.10	0.8185	86.84	48.31	135.15
Continuous Home Care	997.77	685.57	0.8185	561.14	312.20	873.34
Continuous Home Care - SIA	41.57	28.57	0.8185	23.38	13.00	36.38
Inpatient Respite	185.27	100.29	0.8185	82.09	84.98	167.07
General Inpatient Care	758.07	485.24	0.8185	397.17	272.83	670.00

Continuous Home Care Hourly Rate = 873.34 / 24 hours = \$36.39

Continuous Home Care - SIA Rate = 36.38 / 4 quarters = \$9.10



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 : 10/01/2018

	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)	196.50	135.02	0.8288	111.90	61.48	173.38
Routine Home Care (61 +)	154.41	106.10	0.8288	87.94	48.31	136.25
Continuous Home Care	997.77	685.57	0.8288	568.20	312.20	880.40
Continuous Home Care - SIA	41.57	28.57	0.8288	23.68	13.00	36.68
Inpatient Respite	185.27	100.29	0.8288	83.12	84.98	168.10
General Inpatient Care	758.07	485.24	0.8288	402.17	272.83	675.00

Continuous Home Care Hourly Rate = 880.40 / 24 hours = \$36.68

Continuous Home Care - SIA Rate = 36.68 / 4 quarters = \$9.17



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 : 10/01/2018

	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)	196.50	135.02	0.8242	111.28	61.48	172.76
Routine Home Care (61 +)	154.41	106.10	0.8242	87.45	48.31	135.76
Continuous Home Care	997.77	685.57	0.8242	565.05	312.20	877.25
Continuous Home Care - SIA	41.57	28.57	0.8242	23.55	13.00	36.55
Inpatient Respite	185.27	100.29	0.8242	82.66	84.98	167.64
General Inpatient Care	758.07	485.24	0.8242	399.93	272.83	672.76

Continuous Home Care Hourly Rate = 877.25 / 24 hours = \$36.55

Continuous Home Care - SIA Rate = 36.55 / 4 quarters = \$9.14



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 : 10/01/2018

	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)	196.50	135.02	0.9022	121.82	61.48	183.30
Routine Home Care (61 +)	154.41	106.10	0.9022	95.72	48.31	144.03
Continuous Home Care	997.77	685.57	0.9022	618.52	312.20	930.72
Continuous Home Care - SIA	41.57	28.57	0.9022	25.78	13.00	38.78
Inpatient Respite	185.27	100.29	0.9022	90.48	84.98	175.46
General Inpatient Care	758.07	485.24	0.9022	437.78	272.83	710.61

Continuous Home Care Hourly Rate = $930.72 / 24 \text{ hours} = \38.78

Continuous Home Care - SIA Rate = $38.78 / 4 \text{ quarters} = \9.69



Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Tidewell Hospice & Palliative Care

Provider Number : 0875279-00

County : Sarasota (58)

Effective Date : 10/01/2018

	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)	196.50	135.02	0.9886	133.48	61.48	194.96
Routine Home Care (61 +)	154.41	106.10	0.9886	104.89	48.31	153.20
Continuous Home Care	997.77	685.57	0.9886	677.75	312.20	989.95
Continuous Home Care - SIA	41.57	28.57	0.9886	28.24	13.00	41.24
Inpatient Respite	185.27	100.29	0.9886	99.15	84.98	184.13
General Inpatient Care	758.07	485.24	0.9886	479.71	272.83	752.54

Continuous Home Care Hourly Rate = 989.95 / 24 hours = \$41.25

Continuous Home Care - SIA Rate = 41.24 / 4 quarters = \$10.31



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 : 10/01/2018

	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)	196.50	135.02	0.9149	123.53	61.48	185.01
Routine Home Care (61 +)	154.41	106.10	0.9149	97.07	48.31	145.38
Continuous Home Care	997.77	685.57	0.9149	627.23	312.20	939.43
Continuous Home Care - SIA	41.57	28.57	0.9149	26.14	13.00	39.14
Inpatient Respite	185.27	100.29	0.9149	91.76	84.98	176.74
General Inpatient Care	758.07	485.24	0.9149	443.95	272.83	716.78

Continuous Home Care Hourly Rate = 939.43 / 24 hours = \$39.14

Continuous Home Care - SIA Rate = 39.14 / 4 quarters = \$9.78



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 : 10/01/2018

	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)	196.50	135.02	0.9150	123.54	61.48	185.02
Routine Home Care (61 +)	154.41	106.10	0.9150	97.08	48.31	145.39
Continuous Home Care	997.77	685.57	0.9150	627.30	312.20	939.50
Continuous Home Care - SIA	41.57	28.57	0.9150	26.14	13.00	39.14
Inpatient Respite	185.27	100.29	0.9150	91.77	84.98	176.75
General Inpatient Care	758.07	485.24	0.9150	443.99	272.83	716.82

Continuous Home Care Hourly Rate = $939.50 / 24 \text{ hours} = \39.15

Continuous Home Care - SIA Rate = $39.14 / 4 \text{ quarters} = \9.79



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 : 10/01/2018

	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)	196.50	135.02	0.9031	121.94	61.48	183.42
Routine Home Care (61 +)	154.41	106.10	0.9031	95.82	48.31	144.13
Continuous Home Care	997.77	685.57	0.9031	619.14	312.20	931.34
Continuous Home Care - SIA	41.57	28.57	0.9031	25.80	13.00	38.80
Inpatient Respite	185.27	100.29	0.9031	90.57	84.98	175.55
General Inpatient Care	758.07	485.24	0.9031	438.22	272.83	711.05

Continuous Home Care Hourly Rate = 931.34 / 24 hours = \$38.81

Continuous Home Care - SIA Rate = 38.80 / 4 quarters = \$9.70



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 : 10/01/2018

	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)	196.50	135.02	0.9058	122.30	61.48	183.78
Routine Home Care (61 +)	154.41	106.10	0.9058	96.11	48.31	144.42
Continuous Home Care	997.77	685.57	0.9058	620.99	312.20	933.19
Continuous Home Care - SIA	41.57	28.57	0.9058	25.88	13.00	38.88
Inpatient Respite	185.27	100.29	0.9058	90.84	84.98	175.82
General Inpatient Care	758.07	485.24	0.9058	439.53	272.83	712.36

Continuous Home Care Hourly Rate = 933.19 / 24 hours = \$38.88

Continuous Home Care - SIA Rate = 38.88 / 4 quarters = \$9.72



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 : 10/01/2018

	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)	196.50	135.02	0.8000	108.02	61.48	169.50
Routine Home Care (61 +)	154.41	106.10	0.8000	84.88	48.31	133.19
Continuous Home Care	997.77	685.57	0.8000	548.46	312.20	860.66
Continuous Home Care - SIA	41.57	28.57	0.8000	22.86	13.00	35.86
Inpatient Respite	185.27	100.29	0.8000	80.23	84.98	165.21
General Inpatient Care	758.07	485.24	0.8000	388.19	272.83	661.02

Continuous Home Care Hourly Rate = 860.66 / 24 hours = \$35.86

Continuous Home Care - SIA Rate = 35.86 / 4 quarters = \$8.96



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 : 10/01/2018

	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)	196.50	135.02	0.8592	116.01	61.48	177.49
Routine Home Care (61 +)	154.41	106.10	0.8592	91.16	48.31	139.47
Continuous Home Care	997.77	685.57	0.8592	589.04	312.20	901.24
Continuous Home Care - SIA	41.57	28.57	0.8592	24.55	13.00	37.55
Inpatient Respite	185.27	100.29	0.8592	86.17	84.98	171.15
General Inpatient Care	758.07	485.24	0.8592	416.92	272.83	689.75

Continuous Home Care Hourly Rate = 901.24 / 24 hours = \$37.55

Continuous Home Care - SIA Rate = 37.55 / 4 quarters = \$9.39



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 : 10/01/2018

	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)	196.50	135.02	0.8242	111.28	61.48	172.76
Routine Home Care (61 +)	154.41	106.10	0.8242	87.45	48.31	135.76
Continuous Home Care	997.77	685.57	0.8242	565.05	312.20	877.25
Continuous Home Care - SIA	41.57	28.57	0.8242	23.55	13.00	36.55
Inpatient Respite	185.27	100.29	0.8242	82.66	84.98	167.64
General Inpatient Care	758.07	485.24	0.8242	399.93	272.83	672.76

Continuous Home Care Hourly Rate = $877.25 / 24 \text{ hours} = \36.55

Continuous Home Care - SIA Rate = $36.55 / 4 \text{ quarters} = \9.14



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 : 10/01/2018

	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)	196.50	135.02	0.9349	126.23	61.48	187.71
Routine Home Care (61 +)	154.41	106.10	0.9349	99.19	48.31	147.50
Continuous Home Care	997.77	685.57	0.9349	640.94	312.20	953.14
Continuous Home Care - SIA	41.57	28.57	0.9349	26.71	13.00	39.71
Inpatient Respite	185.27	100.29	0.9349	93.76	84.98	178.74
General Inpatient Care	758.07	485.24	0.9349	453.65	272.83	726.48

Continuous Home Care Hourly Rate = 953.14 / 24 hours = \$39.71

Continuous Home Care - SIA Rate = 39.71 / 4 quarters = \$9.93



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 : 10/01/2018

	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)	196.50	135.02	0.9031	121.94	61.48	183.42
Routine Home Care (61 +)	154.41	106.10	0.9031	95.82	48.31	144.13
Continuous Home Care	997.77	685.57	0.9031	619.14	312.20	931.34
Continuous Home Care - SIA	41.57	28.57	0.9031	25.80	13.00	38.80
Inpatient Respite	185.27	100.29	0.9031	90.57	84.98	175.55
General Inpatient Care	758.07	485.24	0.9031	438.22	272.83	711.05

Continuous Home Care Hourly Rate = 931.34 / 24 hours = \$38.81

Continuous Home Care - SIA Rate = 38.80 / 4 quarters = \$9.70



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 : 10/01/2018

	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)	196.50	135.02	0.9349	126.23	61.48	187.71
Routine Home Care (61 +)	154.41	106.10	0.9349	99.19	48.31	147.50
Continuous Home Care	997.77	685.57	0.9349	640.94	312.20	953.14
Continuous Home Care - SIA	41.57	28.57	0.9349	26.71	13.00	39.71
Inpatient Respite	185.27	100.29	0.9349	93.76	84.98	178.74
General Inpatient Care	758.07	485.24	0.9349	453.65	272.83	726.48

Continuous Home Care Hourly Rate = 953.14 / 24 hours = \$39.71

Continuous Home Care - SIA Rate = 39.71 / 4 quarters = \$9.93



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 : 10/01/2018

	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)	196.50	135.02	0.8185	110.51	61.48	171.99
Routine Home Care (61 +)	154.41	106.10	0.8185	86.84	48.31	135.15
Continuous Home Care	997.77	685.57	0.8185	561.14	312.20	873.34
Continuous Home Care - SIA	41.57	28.57	0.8185	23.38	13.00	36.38
Inpatient Respite	185.27	100.29	0.8185	82.09	84.98	167.07
General Inpatient Care	758.07	485.24	0.8185	397.17	272.83	670.00

Continuous Home Care Hourly Rate = 873.34 / 24 hours = \$36.39

Continuous Home Care - SIA Rate = 36.38 / 4 quarters = \$9.10



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 : 10/01/2018

	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)	196.50	135.02	0.8079	109.08	61.48	170.56
Routine Home Care (61 +)	154.41	106.10	0.8079	85.72	48.31	134.03
Continuous Home Care	997.77	685.57	0.8079	553.87	312.20	866.07
Continuous Home Care - SIA	41.57	28.57	0.8079	23.08	13.00	36.08
Inpatient Respite	185.27	100.29	0.8079	81.02	84.98	166.00
General Inpatient Care	758.07	485.24	0.8079	392.03	272.83	664.86

Continuous Home Care Hourly Rate = 866.07 / 24 hours = \$36.09

Continuous Home Care - SIA Rate = 36.08 / 4 quarters = \$9.02



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 : 10/01/2018

	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)	196.50	135.02	0.9150	123.54	61.48	185.02
Routine Home Care (61 +)	154.41	106.10	0.9150	97.08	48.31	145.39
Continuous Home Care	997.77	685.57	0.9150	627.30	312.20	939.50
Continuous Home Care - SIA	41.57	28.57	0.9150	26.14	13.00	39.14
Inpatient Respite	185.27	100.29	0.9150	91.77	84.98	176.75
General Inpatient Care	758.07	485.24	0.9150	443.99	272.83	716.82

Continuous Home Care Hourly Rate = $939.50 / 24 \text{ hours} = \39.15

Continuous Home Care - SIA Rate = $39.14 / 4 \text{ quarters} = \9.79



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 : 10/01/2018

	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)	196.50	135.02	0.8032	108.45	61.48	169.93
Routine Home Care (61 +)	154.41	106.10	0.8032	85.22	48.31	133.53
Continuous Home Care	997.77	685.57	0.8032	550.65	312.20	862.85
Continuous Home Care - SIA	41.57	28.57	0.8032	22.95	13.00	35.95
Inpatient Respite	185.27	100.29	0.8032	80.55	84.98	165.53
General Inpatient Care	758.07	485.24	0.8032	389.74	272.83	662.57

Continuous Home Care Hourly Rate = 862.85 / 24 hours = \$35.95

Continuous Home Care - SIA Rate = 35.95 / 4 quarters = \$8.99



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 : 10/01/2018

	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)	196.50	135.02	0.9031	121.94	61.48	183.42
Routine Home Care (61 +)	154.41	106.10	0.9031	95.82	48.31	144.13
Continuous Home Care	997.77	685.57	0.9031	619.14	312.20	931.34
Continuous Home Care - SIA	41.57	28.57	0.9031	25.80	13.00	38.80
Inpatient Respite	185.27	100.29	0.9031	90.57	84.98	175.55
General Inpatient Care	758.07	485.24	0.9031	438.22	272.83	711.05

Continuous Home Care Hourly Rate = 931.34 / 24 hours = \$38.81

Continuous Home Care - SIA Rate = 38.80 / 4 quarters = \$9.70

